PLACE OF DEATH	STATE OF MARYLAND
County Frederick	(B) CEPTIFICATE OF DEATH
	Registration Dist. No.
Village or City Frederich (NoH/3) =	Market St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Whit Single, Married, Widowed David OR DIVORCED (Write the word)	16 DATE OF DEATH (North) ZS (Day) (63/ (Year)
6 DATE OF BIRTH /2 26, 187	17 I HEREBY CERTIFY, That I attended the deceased from 198 /. to May 28 , 193 /.
(Month) (Day) (Year of LESS the law of Learning or mine)	nan and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or machinist particular kind of work	Mema,
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country) Frederich Mid	Contributory Secondary (Duration) yrs. 6 mos ds.
FATHER John H abbott	(Signed) M. D. May 29 1981 (Address) Fully Will
1) BIRTHPLACE OF FATHER (State or country) Thealerich My 12 MAIDEN NAME	*Ftate the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Fulca Hanshew 13 BIRTHPLACE OF MOTHER The Service of MOTHER	18 L'INGTH OF RESIDENCE (For Hospitals, Institutions, Trunsients or Recent Residents) At place of deathyrsmosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
(Informatil Myane Cebbott	usual residence DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Restering (Mg) 15 Filed 29 May 198 Bray McQuelle Registral	MI Olivet Frederick Med 5/30, 1931. 20 UNDERTAKER & Carty Frederick Med
If more b.anks are needed, addre.s Ltate Negis	trar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

business, that fact may be indicated thus; Farmer re-tired 6 yrs). For persons who have no occupation er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Womshould be used only when needed. additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e ch and every person, irrespective cl whatever, write None. to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, or given up on account of the DISEASE CAUSING DEATH. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesspecifically the occupations of persons en-(b) Automobile factory. The Locomotive engineer, As examples: (a) (b) Grocery; material

Statement of Cause of Death—Name, first, the nis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death tctanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E.:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease st_ted unless important. Chronic interstitial nephritis, Whooping cough; use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.; Y for malignant neoplasms); Chronic etc. The contributory valvular heart disease; Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	05943
PLACE OF DEATH	STATE OF MARYLAND
County Leccien	CERTIFICATE OF DEATH
a	Registration Dist. No.
Village or City 13 human LC . MR	St.: Ward) (If death occurred in a hospital or institu
2 FULL NAME Pur los Eugen al	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule Wilder (Write the windy	16 DATE OF DEATH YMAY 2 3 , 1929 . , 19
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h Malive on Way 23, 1921
yrs. 5 mos. 5 ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work	Subriculous of Spine
(b) General nature of industry business, or establishment in which employed or (employer)	(Dyfation) Lyts. mos. de
9 BIRTHPLACE (State or yountry) (State or yountry)	Contributory actif Wricula Production Secondary (Disting) 1 718 mos Lds
10 NAME OF FATHER OL. A. WEST	(Signed) M. D. M.
OF FATHER (State or country) 12 MAINTENAME OF FATHER (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OR MOTHER MA	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsds. Stateyrsds Where was disease contracted, if not at place of death?
Unformant & Helma comphre	Former or usual residence
(Address) 438- Manoy PX.710	Steer Sandy Foots. My 20, 193
Filed May 15 1981 181 H. S. Halfegistrar	Let Nainy Address
If more bianks are needed, address State Registrar	16 W. Saratoga St., Balton toquesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that faet may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Coph, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully om-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealr," ete., report specifically the occupations of persons en Foreman, For many occupations a single word or term on especially in industrial employments, it is neees-Farm laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Doy (b) Automobile factory. The material Salesman, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> stited unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Caneer" is less definite; avoid American Medical Association.) carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL pertionitis," etc. "(E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, eausing death), 29 ds.; Bronchopneumonia (seeondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underean be ascertained as the eause. tions, such as "Asthenia," "Anaemia" (merely symptom-(seeondary or intercurrent) Whooping Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. affection need valvular The contributory Always qualify all heart not be diseose;

-If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the duth is essential and must be obtained before the certificate is permanently filed.

ry item of infor-	1. PLACE OF DEATH County Frederick Village or City Frederick Length of residence in city or town where death occurred 17 yrs — mos.	Registration Dist. No. 2 / 3 / No. 2 / No.	
RECORD. Every PHYSICIANS Exact statement	2. FULL NAME Classification 6. As (a) Residence: Np. 5. Frail Aug. (Usual place of abode)	St., 3 Ward. If nonresident give city or town and State	
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
LY.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Sa. If married, widowed, or divorced	21. DATE OF DEATH May 9 (Month) 193/ (Year)	
ERMANENER A CTI	HUSBAND of Cor WIFE of John J. Angleberger	22. I HEREBY CERTIFY That I attended deceased for the state of the sta	
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated alove, at //- P.m.	
S tat	01 9 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
HIS be be of	8. Trade, profession, or particular kind of work done, as SPINNER Course Wife:	Artemo Schmuns 12	
K-T hould may back	kind of work done, as SPINNER Course Wife: SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Course Home (Pars) 10. Date deceased last worked at African (Pars) 11. Total time (Pars)		
E IN	1D. Date deceased last worked at African this occupation (month and 1929 spent in this occupation 60.	4-	
NFADING plied. AGl rrms, so tha instructions	12. BIRTHPLACE (city or town) Frederich Cor (State or country) Maryland	Dther Contributory Causes of importance:	
VF. plie rms nst	13. NAME Laewis Stull	July 1/19	
sup in te	I4. BIRTHPLACE (city or town) Frederich 60 (State or country) Manufact	Name of operation Date of	
-E = 5		What test confirmed diagnosis? Was there an autopsy?	
	16. BIRTHPLACE (city or town) Frederich Co	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
T POL	(State or country) Maryland 17) INFORMANT John J. Angleberger (Add(ess) 5 Trail Abre.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
F 63.4	18. BURIAL, CREMATION, OR REMOVAL Place Color Les ville Date Hoay 12, 1931	Manner of injury	
.—WRIT mation CAUSI TION	19. UNDERTAKER Thomas 3? Thice (Address) Freshwick.	24. Was disease or injury in any way related to occupation of deceased?	
Z.	20. FILED Nolway, 1931 Da ulleule	(Signed) TO M	

who had no occupation whatever write none. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

8.-The trade, profession, or particular kind of work done. To be complete, an occupation return must state:

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

out the particular kind of work done and return that, as spinner, weaver, etc. retating the occupation, avoid the use of such indefinite terms as "employee," "worker," 'operative," etc. Find

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, methe particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "nill," etc. State

should be called a salesman and not a clerk, machinist, etc. Distinguish carefully detween retail merchants and wholesale merchants. A person who sells goods of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, chanical engincer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement

of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthemia, etc. As principal cause name the disease or injury causing death. Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the

		♦		
		3		Lical
Gallstones	8261,1 yoM	รับราย การ เกาะ	ECEIVED	soon 7
contributory causes of importance:		Other contributory causes		
			Bren -	Br
Cerebral hemorrhage	LZ6I'ghinf	Peritoniris	V. S.	obn shop g
Chronie interstitial nephritis	1261	Run over by street car		I meek ago
Arterioselerosis	9161	Allack of epilepsy		I meek ago
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of design of importance were as foll	ows:	Date of onset
Example 1		3xH	II əldmi	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

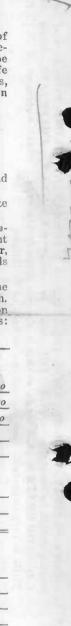
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	imple I		Example II	
The principal cause of death of importance were as follow	n and related causes vs:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUN 4 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage ·	BUREAU V.	July 5,1927	Peritonitis	3 days ago
E-same		5-)		
Other contributory causes o	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year



(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil rengineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of of importance were as	death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	III.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ilis	1921	Run over by street car	1 week ago
Corebral hemorrhage	BUREAU V	July 5, 1927	Peritonitis	3 days ago
		-1-3		
Other contributory can	uses of importance:		Other contributory causes of importance:	351/
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

			05847
1		PLACE OF DEATH County Frederick	STATE OF MARYLAND
		County & March	CERTIFICATE OF DEATH
/	Vil	llago or City State Sange Torium	Registration Dist. No. 2
certificate		2FULL NAME Martin I.	St.: Ward) a hospital or institution, give its NAME instead of atreet and number.)
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
back of	3 5	A COLOR OR RACE 5 SINGLE, MARRIED, MODULE, OR DIVORCED (Write the word)	16 DATE OF DEATH MAY . 7 , 19 3 (Month) (Day) (Year)
on	6 1	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
		(Month) (Day) (Year)	that I last saw h malive on Man 1 1983
uctions	7 /	AGE If LESS than	and that death occurred on the date stated above, at 3:15 Am.
USIL	0	yrs. 5 mos. 4ds. or min.?	The CAUSE OF DEATH * was as follows:
996	1	a) Trade, profession or Laborer Sarticular kind of work	Oulmonary Interculosis
tant.	b	b) General nature of industry ousiness, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
nodul	_	BIRTHPLACE (State or country) Maryland.	Contributory Secondary ADuration) ha and da.
very		10 NAME OF FATHER William Bondan,	(Signed) & Chaffer M. D.
20	TS	11 BIRTHPLACE OF FATHER	May 17 1923/ (Address) Late Sandarma M
	RENTS	(State or country) Maryand.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	PA	of MOTHER Maggie Hudson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
		OF MOTHER (State or Country) Maryland	At place of death yrs
5	18	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, which if not at place of death?
	1	(Informant) W. G. Gardner	Former or usual residence Kungston Md.
		(Address) State Janjatourin und	Pormolar City Md nulling
	15	Filed 192 Registrar	20 UNDERTAKER LADDRESS med Thurmont
		If more bianks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, should be used only when needed. As examples: (a) fulness of various pursuits can be known. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the to report specifically the occupations of persons Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. ," etc., without more precise specification as Day Foreman, For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, Laborer-Coal mine, etc. Wom-For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed not gainfully em-(6) The ques-Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease American Medical Association.) approved by (Recommendations on statement of cause of thanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Exhaustion, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY "Heart failure," "Haemorrhage, Committee on Nomenclature of the Chronic "Senile," etc.), "Dropsy, etc. valvular heart Always qualify all The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

County & March	STATE OF MARYLAND CERTIFICATE OF DEATH
m. soll	Registration Dist. No. 145
Village or City Myhlb (No. 2FULL NAME Cathanic	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULAR	MEDICAL CERTIFICATE OF DEATH
Tomale (Write the word)	16 DATE OF DEATH May 26, 1931 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day)	17 I HEREBY CERTIFY, That I attended the deceased from 12 1923/. to May 26, 1923/. that I last say hell alive on May 26, 193
	SS than and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry	Fell, and Proke a cyst on scalp, Later to-
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Lefe of cins 9 acale Secondary from trauma
10 NAME OF FATHER COUNTY OF THE STATE OF THE	(Signed) Muer Hall M. D.
OF FATHER (State or country) Maylond	State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.
of MOTHER Oatham Thyd	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or country) Muslerth	At place of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Address) Munile hu	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed May 28 1981 William & Ma Regis	charge of the Contact Man 29. 1901
If more blanks are needed, address State F	Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Statement of Occupation-Precise statement of ocnner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the Die-Base Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospidal fever (the only definite synonym is "Epidemic terebros; inal meningitis"); Diphtheria (avoid use of "Croud"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) approved by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Committee on Chronic chopneumonia (secondary), etc. valvular heart Nomenclature The contributory disease not be

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more process and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Civil engineer, Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH. report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material Salesman. (6) Grocery;

Statement of Cause of Death—Name, first, the DISAELASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros in al meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

American Medical Association.) (Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease st.ted unless important. Example: Measles (disease approved by Committee on telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid cough; Chronic etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the dcceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of dcath.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JUN 5 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	_1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Registration Dist. No. St. aronas Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) who had no If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH out the part CERTIFY, That I attended deceased from to have occurred on the date stated above, at ____/O of importan Arter backero: Cerebrat hemi What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?_____ Date of injury Gailstones (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 24. Was disease or injury in any way related to occupation of deceased?

(Address)

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employce," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

ADDRESS

Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and

number.) MEDICAL CERTIFICATE OF DEATH (Day) (Yea I HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, at ... The CAUSE OF DEATH * was as follows: (Durstion) the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-In the DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman. (b) should be used only when needed. As examples: (o) additional line is provided for the latter statement; if nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the oecupation has been changed gaged in domestic service for wages, as Servent, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of loborcr, fulness of various pursuits can be known. The ques-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, Farm loborer, Laborerwithout more precise specification as Doy For persons who have no occupation -Coal mine, etc. Locomotive engineer, not gainfully em-Grocery, Wom-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same dise.se. Examples: Cerebrofever (the only definite synonym is "Epidemic cerebros: inal meningitis"; Dinktheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of stated unless importan+ American Medical Association.) approved by Committee on Nomendature telonus) may be stated under the head of "contributory." as fracture of skull, and eonsequences (e.g., scpsis, carbolic acid-probably suncide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State eause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. ean be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.),
> "Exhaustion," "Heart failure," "Hear atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Mcasles; inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; Never report more symptoms or terminal condi . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY Chronic Example: Mcasles (disease chopneumonia (secondary) etc. The contributory valvulor heart "IIaemorrhage, "Dropsy, not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD BINDING PERMA FOR WITH UNFADING INK--THIS IS A MARGIN RESERVED WRITE PL N. 13.-

No. 1

PLACE OF DEATH County 7 Manuels	STATE OF MARYLAND CERTIFICATE OF DEATH
4	Registration Dist. No.
Village or City Musewich (No	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH 2
Married White Willowed & G. (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH 1897 (Wonth) (Day) (Year)	that I last saw h alive on 192,
7 AGE [IfLESS than	and that death occurred on the date stated above, atm.
34 yrs. 0 mos. 19 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Joffels	Chronec
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) yrs mos ds,
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF FATHER WM Conner	Signed) Person M. D. M. D. M. D. M. D.
UN STATE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Planer a Coffman	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
1. Am A.	Former or usual residence
(Informant) MM WM Conner	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Dunswick MA	Sank Height Dunswift James 3. 193/
Filed June 1931 Mrs. H. H. Hogistras	20 UNDERTAKER 12 YOUR Brunswick med
If more blanks are needed, addre.s tate Registral	, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been charged work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman. additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). state occupation at beginning of illness. If retired from to report en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day specifically the occupations of persons en-(b) Automobile factory. The material For persons who have no occupation Architect, Locomolive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the Distance Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospined fever (the only definite synonym is "Epidemic cerebrospined spinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) Recommendations on statement of cause of inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tions, such as "Asthenia," "Annemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, telanus) may be stated under the head of "contributory." (secondary or intercurrent) approved by Committee on Nomenclature of the carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "E:haustion," as_fracture of skull, and consequences (e. g., sepsis, FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. affection need not be valvular heart Always qualify all The contributory disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Perman

PLACE OF DEATH	STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
	Registration Dist. No. 189
Village or City State San and orum	MO. ca Man (If death becurred in
O TO	a hospital or institu- tion, give its NAME in- stead of street and
2FULL NAME JOHN CT. C	onway. steed and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE,	16 DATE OF DEATH VM QM 2 8
male white (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH MALE 1897	17 I HEREBY CERTIFY, That I attended the deceased from
Priary 3, 1931	that I last saw h Maliye on May 28 1993/
(Month) (Day) (Year) 7 AGE (If LESS than	and that death occurred on the date stated above, at 3:45 Pm.
3 3 10 11 day_hrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	
(a) Trade, profession or warrance adjuster	1 monay moraloss
(b) General nature of industry	\
business, or establishment in which employed or (employer)	(Durstion)yrsmosds.
9 BIRTHPLACE (State or country)	Contributory Secondary
I 10 NAME OF	(Durstign) syrs trige de.
FATHER Peter Conway	(Signed) M. D.
U II BIRTHPLACE OF FATHER	May. 28 1993 (Address) Late San alouni Ma
Z (State or country) Irland.	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental. Suicidal or Homicidal.
of Mother Rose Fox	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place 1 9 In the 1 9
(State or Country)	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or 1720 AF Paul AF, Baltina
(Informant) W. a. Saraher	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) State San gloum Md.	Philadelphia Pa unknown
15 Filed 188 (192	20 UNDERTAKER ADDRESS
Registrar	1712. Clager Ipurmond M
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. to report specifically the occupations of persons enworked on may form part of the second statement. Foreman, (b) Automobile factory. The materia For many occupations a single word or term on especially in industrial employments, it is neces-(6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart sfailure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; Recommendations on statement of cause of death (secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as Chronic Example: Measles (disease affection need etc. The contributory valvular heart not disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

UPA-	1. PLACE OF DEATH	W 43 1
f occ	County Froederick	Registration Dist. No. 🛂 🗸
of	Village Dr City Frederick (1 Length of residence in city or town where death occurred	ND. 7. G. Ward f death occurred in a horpital or institution, give its NAME instead of street and number) s. 4 ds. How long to U.S. if of foreign birth? yrs. mos. ds.
ict statement	1 1	smosds.
ten	2. FULL NAME Jessel JG, Loope	
ste	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Moay (Month) (Day) (Year)
classified.	5a. If married, widowed, or divorced HUSBAND of	
assi	(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) May 21 1931	1 last saw has alive on Heavy 20 4, 193/; death is said
properly	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7 - Am.
properly	39 2 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
pr	8 Trade profession or partiautes	Date of onset
of of	kind of work done, as SPINNER Hair Dresser	Mente Curdiac dela labear 5- 21-3
on b	11. Total time (years)	
+	this occupation (month and year) spent in this occupation /5	
erms, so tha instructions	12. BIRTHPLACE (city or town) Pittsburgh	Other Contributory Causes of Importance:
s, si	(State or country)	Caremany 2 Stanat
in plain terms, ant. See instru	13. NAME Theodore Cox	
See i	14. BIRTHPLACE (city or towns) To-clesich	Name of operation. Date of
S	(State of Country) Maryland	What test confirmed diagnosts? Was there an autopsy?
it i	15. MAIDEN NAME Hamalla Tobinson	23. If death was due to external causes (VIOL ENCE) fill in also the following:
important.	16. BIRTHPLACE (city or town) Frederich Go	Accident, suicide, or homicide?
mp	(State er country) Maryland	Where did injury occur?
OF DEATH very imports	17. INFORMANT More, Colesoles Gammond and (Address) 17 6. Sighth St. Frederick Med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
AUSE O ION is v	18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
	Place Date 10 ay - 35, 1921	Nature of Injury
TION	LUNDERTAKER Thomas J. Bice	24. Was disease or Injury in any way related to occupation of deceased? 200
	(Address) Frederick Med	If so, specify
	20. FILED 2 2 Gray 1931 - Q. Zuf Tu C. and Registrar.	(Signed) And Arauaf and M. D. (Address) And Stand
	If more blanks are needed, address State Registrar,	2211 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

11.—The month and year the deceased last worked at the occupation.

stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Gerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
े रुंहरें			
contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
A F			
7.12			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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ed on >	
O R Y	

Bransfield.

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1 LAC	E OF DEATH		With Con-	CHATE LIMITS OF	STATE OF I	MARYLAND
County 7	redessich	0 + 0 0 1,4 1 4 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		CHATE LIMITE OF	CERTIFICATE	OF DEATH
				(46)	Registration l	Dist. No. 141
Village or Ci	ULL NAME RUSC	2 (No.	Davi	R	St.: Ward)	(If death occurred a hospital or institution, give its NAME is stead of street annumber.)
PERSO	NAL AND STATISTIC	CAL PARTICI	ULARS	MEDIC	AL CERTIFICATE O	OF DEATH
hal	White	MARRIED, WIDOWED. OR DIVORCET (Write the word	amed	May	(Month) 11	1 , 192(Day) 31(Year)
B DATE OF B	June (Month)	(Day)	, 157 Ay	Feb. 15	1923. Ъ Мау	ended the deceased from 11. 1931, 192
7 AGE	43 yrs. 10 m	nos. 24 de	If LESS than I day hrs. or min.?	and that death occur The CAUSE OF DEA		above, at5.; 45An
(a) I rade, p	profession or o	Train ho	ant.		carcioma of	Stomach
(a) Trade, particular ki (b) General	nd of work flynand	hain m	esta	Liver and	Omentum.	\$ 10 A
(a) Trade, particular ki (b) General business, or which emplo	profession or mind of work demand of mature of industry establishment in byed or (employer).	Tain M	as tin	Liver and	Omentum. (Duration) Myocarditis	yre. 7 moe d
(a) Trade, particular ki (b) General business, or which emplo 9 BIRTHPLAC (State or c	profession or man de ma	train In	asta,	Contributory Secondity (Signed)	Omentum. (Durations) Myocarditia.	Acute. Mosla d M. M
(a) Trade, particular ki (b) General business, or which emple 9 BIRTHPLAC (State or c) 10 NAME FATHEI OF FAT (State	orofession or man or man of work Management of industry establishment in byed or (employer) E country) OF CACE HER or country)	Tain M	Asta	Contributory Secondity (Signed) May 13 192	Omentum. (Duration) Myocarditis	Acute. Acute. M. I
(a) Trade, particular ki (b) General business, or which emple 9 BIRTHPLAC (State or c) 10 NAME FATHEI OF FAT (State C) 12 MAIDE OF MOT	profession or made of work damage of mature of industry establishment in byged or (employer). Enountry) OF PLACE HER OR NAME THER THE	Tain M	as to	Contributory Secondity (Signed) May 13 192 *State the I Violent Causes, s Accidental, Suicidal	(Duration) Myocarditisa Myocarditisa Myocarditisa Myocarditisa Allowers Sicase Causing Death, tate (1) Meana of In or Homicidal. SIDENCE (For Hospit	Acute. Mos 13 d M. I Ok. Md or, in deaths from jury and (2) Whether
(a) Trade, particular ki (b) General business, or which emple BIRTHPLAC (State or c 10 NAME FATHEL 11 BIRTHF CF FAT (State 12 MAIDE OF MOT 13 BIRTHI OF MOT	orofession or man or man of work Management of industry establishment in byed or (employer) E was a sum of the country of the country or count	Tain M	as to	Contributory Secondity (Signed) May 13 192 *State the I Violent Causes, s Accidental, Suicidal 18 LENGTH OF Relients or Recent Re	Myocarditian Death of In or Homicidal. SIDENCE (For Hospit soidents) In the State	mos 2 d Acute. M. I Ok. Md or, in deaths from fury and (2) Whether tals, Institutions, Tran
(a) Trade, particular ki (b) General business, or which emplo 9 BIRTHPLAC (State or c) 10 NAME FATHEI OF FAT (State 12 MAIDE OF MOT (State) 13 BIRTHI OF MOT (State)	profession or made of work damaged of work damaged or nature of industry establishment in byed or (employer). Enountry) OF R PLACE PHER PLACE PHER	RR R is Ly. Hocke Ky	7	Contributory Secondity (Signed) May 12 192 *State the I Violent Causes, s Accidental, Suicidal 18 LINGTH OF RE ients or Recent Re At place of death yrs	Myocarditian Death of In or Homicidal. SIDENCE (For Hospit soidents) In the State	mos 2 d Acute. mos 2 d M. I ick. Md or, in deaths from jury and (2) Whether tals, Institutions, Trun
(a) Trade, particular ki (b) General business, or which emplo 9 BIRTHPLAC (State or c) 10 NAME FATHEI OF FAT (State 12 MAIDE OF MOT (State) 13 BIRTHI OF MOT (State)	orofession or and of work damaged and of work damaged and and and and and and and and and an	RR R is Ly. Hocke Ky	7	Contributory Secondly (Signed) May 12 192 *State the I Violent Causes, s Accidental, Suicidal 18 LINGTH OF Relients or Recent Rel At place of deathyrs	Omentum (Duration) Myocarditian Myocarditian Myocarditian Myocarditian Myocarditian Sicase Causing Death, atte (1) Meana of In or Homicidal. SIDENCE (For Hospit esidents) In the State tracted, h?	mos 2 d Acute. mos 2 d M. I ick. Md or, in deaths from jury and (2) Whether tals, Institutions, Trun eyrs
(a) Trade, particular ki (b) General business, or which emple 9 BIRTHPLAC (State or c 10 NAME FATHEI 11 BIRTHFL C (State 12 MAIDE OF MOT (State 13 BIRTHI OF MOT (State 14 THE ABOVE	orofession or and of work damaged and of work damaged and and and and and and and and and an	TO RR	7	Contributory Second by (Signed) *State the I Violent Causes, s Accidental, Suicidal 18 LENGTH OF Relients or Recent Rel At place of death	Omentum (Duration) Myocarditian Myocarditian Myocarditian Myocarditian Myocarditian Sicase Causing Death, atte (1) Meana of In or Homicidal. SIDENCE (For Hospit esidents) In the State tracted, h?	yre. 7 mos. d Acute. Mos. 2 d ick. Md or, in deaths from jury and (2) Whether tals, Institutions, Trun

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(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; i nature of the business or industry, and therefore an Civil engineer, Stationary fremon, etc. But in many Physician, Compositor, Architect, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH, Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Collon mill; (a) Salcsman. (b) (b) For persons who have no occupation Automobile factory. The material Locomolive engineer, Grocery;

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal (fever (the only definite synonym is "Epidemic cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia")

> Actanus) may be stated under the head of "contributory." inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drepsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Whooping as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease; not be

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PLACE OF DEATH	STATE OF MARYLAND
County Tridisich	CERTIFICATE OF DEATH
10	Registration Dist. No. 14/
Village or City Mulwich (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Mary CS	Deitrich stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White SINGLE, MARRIED, MUDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH MAY 3 , 1923 / (Month) /3 (Day) //3 (Year)
(Month) (Day) (Year)	25 1950. to May 18, 1951, that I last saw her alive on May 1, 1951,
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work	Topshalmac Jacke
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country)	Contributory MUTCH TOURS CONTRIBUTED TO THE CONTRIB
10 NAME OF FATHER FREDERICK Shape	(Signed) (Address) (Address) (Address)
OF FATHER Z (State or country)	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother many Kidwell	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) John & Deilrich	usual res.dence
(Address) Bunowick mel	my Clivit and meter model Date of Burial
Filed Way 15 1921 Mrs. AS Bully 18	Africa Bunawick mil
If more blanks are needed, address State Registral	, 16 W. Saratoga St., Balto., Requesting V. S. ho. 1.

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant Cook, Housemaid, etc. If the occupation has been clanged definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as ν_{uy} laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEAFU to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. (a) Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Automobile factory. The materia Locomolive engineer, 6) Grocery; Chak,

Statement of Cause of Death—Name, first, the bris-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebros penul fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

permanently filed

of carbolic acid-probably suicide. The nature of the injury, > telanus) may be stated under the head of "contributory." American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, agaident; Revolver wound of head-homicide; Poisoned by atic), "Atrophy." "Collapse," "Coma," "Convulsions,"
"Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Hearorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of death taken. For VIOLENT DEATHS state MEANS OF INJULY diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all If this certificate is looked over thoroughly and all questions cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease;

PLACE OF DEATH County J'rederick	STATE OF MARYLAND CERTIFICATE OF DEATH
4/	Registration Dist. No. 144
Village or City Murmon (No	St.: Ward) (If death occurred a hospital or institution, give its NAME i stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	used 16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day)	17 I HEREBY CERTIFY, That I attended the deceased fro 8 4 7 (Year) that I last saw but alive on Man 2 1925
	SS than and that death occurred on the date stated above, at 70077
BOCCUPATION	100-11-01
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which amplayed or (amplayer)	Duration) yra most C.
particular kind of work Trause Woons	Contributory Secondary (Duration) 2 yrs mos (Duration) 2 yrs (Duration) 2
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary (Duration) (Signed) (Signed) M.
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 22 13 State or country) 24 25 26 27 28 28 29 20 20 20 20 20 20 20 20 20	Contributory Secondary (Signed) (S
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER Down	Contributory Secondary (Duration) (Signed)
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	Contributory Secondary (Duration) (Signed)
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	(Signed) (Duration) (Duration) (Signed) (Signed) (Address) (Signed) (Signed
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 MAIDEN NAME OF MOTHER (State or Country) 15 MAIDEN NAME OF MOTHER (State or Country) 16 MOTHER (State or Country) 17 MAIDEN NAME OF MOTHER (State or Country) 18 MAIDEN NAME OF MOTHER (State or Country)	Contributory Secondary (Diration) (Signed) *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trustients or Recent Residents) At place of death yrs mos ds. State yrs mos form the State yrs mos form the State from Yrs former or Former or

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Former (re-Housenund, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm loborer, Loborer—Cout mine, etc. women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. to report specifically the occupations of persons en-Foreman, etc., For many occupations a especially in industrial employments, it is necesyrs). Farm loborer, Loborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Solesman, without more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material single word or term on 6 The ques-Grocery,

EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

tetunus) may be stated under the head of "contributory." stated unless important. American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by roilway troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic valvular heart disease; etc. The contributory Nomenclature Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

MARGIN RESERVED

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, au occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the dcceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, nill, etc., as grocery store, soap factory, cotton nill, ctc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II				
The principal cause of death and related causes of importance were as follows:			l related causes	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 8 4 0 8	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 4 4 2 -	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	1017	3 days ago	
	Cyl eg as		asars		
r contributory causes of importance:	Y. P.	Other contributory causes of imp	ortance:		
Gallstones	May1,1923	Gastroenteritis		1 year	
	罗 500 0				

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

97. 6. 9. Thomas

Y, PHYSI- led. Exact	PLACE OF DEATH County Trederich	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 3/
ECORD EXACTLY Sy classifi	Village or City Medicine (No.)	
ated open		MEDICAL CERTIFICATE OF DEATH
NG N	MIDOWED WILLIAM WILLIA	(Month) (Day) (Year)
A PERM.	May 4 1931	17 I HEREBY CERTIFY, That I attended the deceased from 193/ to May (193/ that I last saw h im alive on war (193/
FOF IS	7 AGE (Figure 1) (Day) (Year)	and that death occurred on the date stated above, at &m
VEDTHIS upplied terms	O yrs. O mos. O ds. or min.?	The CAUSE OF DEATH * was as follows:
A X X C C C	particular kind of work have	Orlieature Duch 6 New
R 2 호드	which employed or (employer)	(Durstion)ytsmosds
FADII be ca	B BIRTHPLACE (State or country) Frederich	Contributory Secondary (Docation) yrs. mos. ds
MAR H UN hould CF D	mother unda Mel Welgel	(Signed) (Signed) Moves M. D. Mars Y 1921 (Address) FreeDenklus
WIT Sation Satio	of father	*Stato the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
information State Course	OF MOTHER /V all all all / V	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
1 100	(State of Country)	At place of death yrs mos ds. State yrs mos ds. State yrs mos ds.
SITE F		if not at place of death? Former or usual residence.
WRI	(Address) hordslow.	Jaceham Clu & May . 193/
BEV		20 UNDERTAKED ADDRESS ADDRESS MA I PLANTED THE MANAGEMENT ADDRESS
b Z		, 16 W. Saratoga St., Balve., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISEASE CAUSING DEATH. additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Furmer (rell gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician. Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. Housemaid, etc. Foreman, For many occupations a or At Home, and children, Form laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed single word or term on not gainfully em-The ques-Grocery; Wom-

Statement of Cause of Death—Name, first, the print EASE CAUSING DEATH the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever inever report "Typhoid Pneumonia"); Lobar pneumonia, Pronchopneumonia ("Pneumonia,")

American Medical Association.) "Traemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Exhaustion," "Heart lanue,
"Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary) unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainperitonaeum, etc., FOR VIOLENT DEATHS State MEANS OF INJULY interstitial nephritis, Committee on Chronic Carcinoma, Sarcoma, etc., of valvular heart disease; etc. The Nomenclature eontributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

County Theolerich	STATE OF MARYLAND
County Treelerich	CERTIFICATE OF DEATH
7 1 1 7 1 10	Registration Dist. No.
Village or City Trisling (No Thelingh Co	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME Glenn Ornic	Santer stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Witcheword)	16 DATE OF DEATH , 1923 1 (Month) 17 (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
1 29 1881	May 10 1931, 10 May 1) , 1931
(Month) (Day) (Year)	that I last saw h Malive on May 17, 1923.
7 AGE . If LESS than	
50 yrs. 3 mos. 8ds. or min.?	no and
B OCCUPATION	Coroning Occlusion
(a) Trade, profession or Daker	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrs,mosds.
9 BIRTHPLACE	Contributory Secondary
(State or country) Theolerick Ma	(Duration) vis. mos. ds.
TO NAME OF Savid Carles	(Signed) E D hours, D.
IN 11 BIRTHPLACE	May 18 1931 (Address) The Level Me
OF FATHER (State or country) Frederick Co Mid	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Florence O Rodrick	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place
OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE 19 TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted 10 lines at place of dea h?
(Information Stene O Carter	Former or usual residence
(Address) Frederick Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MCOlivel- Theolene Mod 5/19, 1931
15 Filed /8 Way 1931. Dr. Dree Turan	20 UNDERTAKER Carly Frederick Ma
	r, 16 W./Saratoga St., Balto., Requesting V. S. No. 1.
and the state of t	, as in some and some some some some some some some some

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taleen er," etc., without more precise special minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, **
Housemaid, etc. If the occupation has been changed. definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material Salesman, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid st_ted unless important. Example: Measles (disease carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underapproved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic tatrum.
>
> menhritis, etc. The contributory

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PHYSICIANS should state

Every item of infor-

of OCCUPA-

Exact statement

stated EXACTLY. UNFADING INK-THIS IS A PERMANENT be properly classified. MARGIN RESERVED FOR BINDING AGE should be CAUSE OF DEATH in plain terms, so that it may supplied. hation should be carefully

WRITE PLAIN

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH 15862

1.	PLACE OF DEATH	
	County Fridegul	Registration Dist. No. 140
	Village or City Mr. Legonz	NoSt.,Ward
	our france (If	death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2.	FULL NAME Thisa Telmo	
	(a) Residence: No. Legore Med (Ufual place of abode)	St., Ward. If nonresident give city or town and State
1000	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. S	Male Color of RACE (S. SINGLE, MARRIE WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. I	If married, widowed, or divorced	
	HUSBAND of (or) WIFE of Williams	22. HEREBY CERTIFY, That I ettended deceased from
	DE 14 1917	, 19, to
-	ATE OF BIRTH (month, day, and yeer)	I last saw h; death is sald
7. A	GE Yea Months Days If LESS than I day,	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
	6 3 4 3 ormin.	were as follows:
2.	8. Trade, profession, or particular kind of work done, es SPINNER, Laborer SAWYER, BOOKKEEPER, etc.	Drowner
011		accordantes 2
K	9. Industry or business in which work was done, as SILK MILL,	
5	SAW MILL, BANK, etc.	(Courses virkut)
o	10. Date deceased last worked at this occupation (month end spant in this	
	year)oc:upation	Other Contributory Canses of importance:
12.	BIRTHPLACE (city or town)	,
	(State or country)	
ER	13. NAME	
FATHER	14. BIRTHPLACE (city or town).	Neme of operation
F	(State or country)	What test confirmed diagnosis? Was there an autopsy?
ER	15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill In also the following:
MOTHER	16, BIRTHPLACE (city or town)	Accident, suicide, or homicide? accident Date of injury May 1, 1931.
M	(State or country)	Where did injury occur? The surprising
17.	INFORMANT Mary alice Hallow (Address) Jundensky mil	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury 2000 mg/m
1	Place Monterul Date May /8, 193/	Nature of injury
1	m of to	24. Was disease or injury in any wey related to occupation of deceased?
19.	UNDERTAKER TO CHEATER TO THE TOTAL OF THE TO	24. Was disease of injury in any wey related to occupation of deceased:
	(Address) Multiple Mg	If so, specify
20.	FILED May 17, 1931 & 6 Porvale	(Signed) M. D.
4	Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as compenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

very important.

PLACE OF DEATH .	STATE OF MARYLAND
County Hirldoricka_	CERTIFICATE OF DEATH
	Registration Dist. No. 144
Village or City/lean resident	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2 FULL NAME DRADY MANY	arel Grushon number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	may (Month) 2 (Day) (Year)
6 DATE OF BIRTH 1922 1922 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from May 1981, to May 1981, that I iss saw har alive on Man 128, 1981,
7 AGE [If LESS than	and that death occurred on the date atated above, at 3.140 hum.
yrs	The CAUSE OF DEATH) * was as follows: Ecleman.
8 OCCUPATION (a) Trade, profession or particular kind of work	the lungs
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) A yrs. mos da,
9 BIRTHPLACE (State or country) Manual	Contributory Secondary Classe Histogram (Durstign) Secondary Classe Histogram (Durs
10 NAME OF GURAL AS Arushor	(Signed) A B M. D.
OF FATHER (State or country) (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER May Ball Staute	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Makyland	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
Govale all affinished	Former or usual residence
(Address) R. D. Jurmon Md	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Meganstownhof Log May 3,3)
15 Filed May 22 1931 ans M. Houles Registrar	Ma Creage Lan Thumon
if more branks are needed, address State Registrar	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

arec?

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation er," etc., Wilnum laborer, Laborerbusiness, that fact may be indicated thus; Farmer frestate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the whatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many -Coal mine, etc. Wom-Locomotive engineer,

Statement of Cause of Death—Name, first, the planes of Least Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." approved by Committee on as fracture of skull, and consequences (e. g., sepvis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-" "Marasmus," "Old Age," "Shock," or intercurrent) affection need not be Chronic etc. valvular heart disease; Nomenclature of the The contributory

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OCCUPA 1. PLACE OF DEATH should Registration Dist. No. of (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. If of foreign birth? _____yrs. ____mos. ____ ds. Length of residence in city or town where death occurred statement (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) marine (Month) 5a. If married, widowed, or divorced classifi O MUSBAND of CERTIFY, That I ettended deceased from (Co) WHIE of 6 6. DATE OF BIRTH (month, day, end year) certificate properly 7. AGE Months If LESS than The PRINCIPAL CAUSE OF DEATH and related causes of Importance 0 or min. were as follows 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... OCCUPATION plnods may back 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (yeers) On this occupation (month and spent in this that occupation instructions Other Contributory Causes of Importance 12. BIRTHPLACE (city or town (State or country) supplied FATHER 13. NAME See plain 14. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis? carefully MOTHER 15. MAIDEN NAME important. 23. If death was due to external causes (VIOLENCE) fill in also the following: in DEATH 16, BIRTHPLACE (city or town (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods very OF (Address) 18. BURIAL CREMATION Menner of Injury WRITE CAUSE 10 1931 nation Nature of injury TION (Address) If so, specify Registrar. (Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Day)

..... Was there an autopsy?

death is said

Date of enset

BINDING FOR RESERVED MARGIN

Dr B. O. Horno

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I E IVE	× 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
4 TENT 1 00 PEN 00 10	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis & U.B. A. T. W.	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	· U		0 0
Other contributory causes of importance:	1111	Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSI-

Every Item CIANS sho statement

100 ż

PLACE OF DEATH	
County Freder	uc

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.	13	7
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Village o	or City Mowelle (No.							
		1	7	-	- ,	1		1 1
			1	2 81.	111	0		0 4

(if death occurred in a hospital or institu-tion, give its NAME in-stead of street and St.: Ward)

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Way 6, 1934 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Mon 6 19	192 . to
(Month) (Day) (Ye	that I last saw h alive on 192
Julion If LESS I day or if day or if LESS or or	nin)
B OCCUPATION (a) Trade, profession or particular kind of work	Stillborn
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yre,mosds
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Solf Weises 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF TAMES OF TAM	(Signed) (Duration) yr mos ds (Signed) (Address) (WWW WWY W, State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Mary Dronburg 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual residence
(Informant) (Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL , 19
15 Filed May 19 1931 Wy Cuefuc	20 UNDERTAKER ADDRESS

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer Treor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scroot Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coat munc, etc. woun-en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Munager," "Dealworked on may form part of the second statement. cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of report specifically the occupations of persons en-Foremon, For many occupations a single word or term on Farm laborer, Lubover-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile foctory. The material (a) the kind of work and also (b) the 3 The ques-Grocery;

Strtement of Cause of Death—Name, first, the Disease in Cause of Death—Name, first, the Disease in Cause of Death—Name, first, the Disease in Cause in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., ol approved by Committee on tetonus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., scpsis, carbolic ocid-probably suicide. The nature of tho injury, Examples: Accidental drowning; Struck by railwoy traindiseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-'Congenital," "Senile," etc.), "Dropsy,"
," "Heart failure," "Haemorrhage," Chronic valvular heart disease, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesmân and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example T		Example II	
The principal cause of death and related causes of importance were as follows UN 4 1931	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis UREAU V.S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Fublic Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ch fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from to report specifically the occupations of persons enen at home, who are engaged in the duties of the er," etc., without more precise specification as Doy laborer, Farm loborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cook, household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman. (b) For persons who have no occupation Automobile foctory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraying fever (the only definite synonym is "Epidemia cerebras; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be st.-ted unless important. Example: Measles (disease approved by Committee on diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway troin-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic volvular heart diseose; etc. The contributory Nomenclature of the

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83

PLACE OF DEATH

County Frederick	CERTIFICATE OF DEATH
	Registration Dist. No. 131
Village or City Treducek (No. 44) 7	a hospit I or institu-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH May 20 193/ (Month) (Day) (Year)
g date of Birth June 5 1888	May 145 1931 to May 20 , 1931.
(Month) (Day) (Year)	that I last saw have alive on Maly 19 , 1931 ,
7 AGE If LESS than I day hrs or min.	The CAUSE OF DEATH & was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Homocelal) pushed from porchatego to porment felow, or was struck over the from porchatego (Duration) yrs, most 2 ds.
9 SIRTHPLACE (State or country) Frederica Co.	Contributory Secondary Secondary (Dyraion) yrs
FATHER Am Svory	(Signed) (4. G. / Bourne M. D. 21 193/ (Address) Freduck md
of FATHER (State or country) Frederica Co,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Many Juony	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Tellerel	ients or Recent Residents) At place of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not st place of dea h?
(Informant) Mabel Lvory	Former or usual residence
(Address) Drederick, mg	Hudench Fan view May 22, 1931.
File 22 Gray 198/ Dr. Du J. M. Card	abet V. Noton Freder A! M.
16	- 16 W Servers St. Balta Francisco V S No. 1

05868

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Plonter, whatever, write None. business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the loborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Physician, Compositor, Architect, Foreman, (b) Automobile factory. The material or At Home, For many occupations a single word or term on 1118). Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Solesman. (b) Grocery; without more precise specification as Day For persons who have no occupation and children, not gainfully em-Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"; "Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); approved as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritorities," etc. "Inanition," "Marasmus," Old Age, Snock, "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart name," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemonthage," inges, peritonoeum, etc., Carcinoma, Sarcomo, accident; Revolver wound of head-homicide; Poisoned by tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death carbolic acid-probably suicide. or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid by Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory The n.ture of the injury, Measles; etc., of

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1931

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

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Ex	ample I		Example II		
The principal cause of death and related causes Due of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	JUN 3 1931	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.	Truly 5, 1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH of infor OCCUP 1. PLACE OF DEAT Registration Dist. No. plnods Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth? vrs. mos. ds. Length of residence in city or town where death occurred. statement 2. FULL NAME Ward. (a) Residence: Np. If nonresident give city or town and State (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) TI (Year) classified. 5a. If married, widowed, or divorced HUSBAND of D RTIFY. That I ettended deceased from 22. 6 6. DATE OF BIRTH (month, day, and year) properly If LESS than 7. AGE Years Months Days ----hrs: I day ... and related causes of importance min. were as follows Date of onset 8. Trada, profession, or particular kind of work dona, as SPINNER SAWYER, BDDKKEEPER, etc. Jo OCCUPATIO may back 9. Industry or business in which work was dona, as SILK MILL, plnods SAW MILL, BANK, atc 11. Total tima (years) spant in this 10. Date deceesed last worked at this occupation (month and that occupation ____ instructions 12. BIRTHPLACE (city or town (State or country supplied. terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) in plain (State or country) What test confirmed diagnosis? carefull MOTHER 15. MAIDEN NAME 23. If deeth was due to external causes (VIDLENCE) fill in also the following: important Accidant, suicide, or homicide?______ Date of injury______ 19 DEATH 16. BIRTHPLACE (city or town (State or country) Where did injury occur? ___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnous 17. INFORMANT very OF (Address) Manner of injury WRITE CAUSE 0 193/ mation Nature of injury LION 24. Wes disease or injury in any 19. UNDERTAKER (Address) If so, specify (Signed) (Address) __ Registrar. If more blanks are needed, addeds State Registrar, 2411 N. Charles Street, Baltimore, Roughly V. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of dcath and related causes of importance were as follows:	Date of onset
Arteriosclerosis	HIN 1 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ritio	1921	Run over by street car	1 week ago
Corebral hemorrhage	BUREAU V. S	July 5,1927	Peritonitis	3 days ago,
	1			
Other contributory can	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				9

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S our Cu

STATE OF MARYLAND—CERTIFICATE OF DEATH 05871 Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 18th. (Day) (Yaar) Y. That I aftended doceased from Date of onset What test confirmed diagnosis?_____ Wes there an autopsy?.

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltiroye, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example L -	D	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis RIKELIT V	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ugo
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RECORD. Every item of infor- . PHYSICIANS should state Exact statement of OCCUPA-	2. FULL NA	Frederick City Frederick sidence in city or town whe	re death occurred King. Sixth St.,	(If yrs mos	No. Frederick feath occurred in a hospital or ins ds. How long in U.S. St., Ward.	Registration Dist. No. City Hospital litution, give its NAME instead of	St., Was fatreet and number) nios.
E Z	3. SEX female 5a. If married, wido HUSBAND of	4. COLOR OR RACE white wed, or divorced	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (wire the word) Ingle	21. DATE OF DEATH	(Month) May (Day)	, , , , , , , , , , , , , , , , , , , ,
FOR BIN S IS A PERI stated EX properly cl certificate.	8. Trade, profind of SAWYEI 9. Industry or work w	(month, day, and year) ars Months 2 3 assion, or particular work done, as SPINNER, R, BDDKKEEPER, etc. business In which as done, as SILK MILL, LL, BANK, etc.	February 2 Days 16 At home	If LESS than I day, hrs. or min.	I last saw he alive on to have occurred on the date s The PRINCIPAL CAUSE OF DI were as follows:	195/ 10 Ms	1, 19 3 / : death is s
RESE NG INF AGE sh that it ions on	12. BIRTHPLACE (c) (State or con	sed last worked at upation (month and lity or town)	land	ime (years) nt in this upation	Other Contributory Causes of in	mportance:	orus
MA H U Sul in t	4. BIRTHPLAC	eorge B. Kin E (city or town) Md or country)	-				Date of
15. MAIDEN NAME Grage G. Swope. 15. MAIDEN NAME Grage G. Swope. 16. BIRTHPLACE (city or town). (State or country) Geo. R. King.					Accident, suicide, or homicide? Where did injury occur?	Causes (VIOL ENCE) fill in also the causes (VIOL ENCE) fill in also the causes (Specify city or town, could in INDUSTRY, in HDME, or in l	ury, 19 nty end State)
No. 1 3.—WRITE PLA mation should CAUSE OF DI TION is very	18. BURIAL, CREMA	TIDN, OR REMDVAL Olivet Fred M. R. Etchis	ek Date May	21, 19 31	Manner of injury Nature of Injury 24. Was disease or injury In an	y way related to occupation of de	eceased? %
V. S. P.	20. FILED. 2.0C	V	ore blanks are needed,	Registrar. Address State Registrar	(Signed) (Address) 2411 N. Charles Street, Baltimore,	Requesting U. S. No. 1.	a Pres. M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis · · · · · · · · · · · · · · · · · · ·	3 days ago
÷		
May 1 1998	Other contributory causes of importance:	1 year
112491,1020	- Charles and	1 year
	1921 July 5, 1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis

ADDITIONAL SP	ACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

MARGIN RESERVED

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- 9.—The industry or business in which the work was done.

 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	V NOR
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	. 1 year
		: •	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mosh Jyson

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 131-

(Dav)

DATE OF BURIAL

le	Sta	Ward)	tion, give	occurred in or institu- its NAME is - street and
ME	EDICAL CERTI	FICATE O	F DEATH	
OF DE	ATH May		a	197/

and that death occurred on the date stated above, at 2

(Month)

I HEREBY CERTIFY, That I attended the deceased

The CAUSE OF DEATH * was as follows: (Duration) Secondary

Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

*State the Disease Causing Death, or, in

At place of deathyrsmosds.	In the Stateds.
Where was disease contracted,	

Former or

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Colton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, business, that fact may be indicated thus; Farmer (reguged in domestic service for wages, as Scrvant, Cook, definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Doy loborer, Farm laborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the pisce Cause Cause of Death—Name, first, the pisce that it causation), using always the same acceptated term for the same disease. Examples: Cerebrosphalfever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

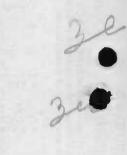
carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. approved by Committee on American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY (name origin; "Cancer" is less definite; avoid Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart disease; Nomenclature of the Measles;

If this certificate is looked over thoroughly and all quastions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

M)	, PHYSI-
	VFADING INK-THIS IS A PERMA INT RECORD	I be carefully supplied. ACE should be stated EXACTLY, PHYSI- DEATH in plain terms so that it may be properly classified. Exact
ING	Ó	d be
BIND	PERM	shoul It ma
OR	IS A	AGE o that
RGIN RESERVED FOR BINDING	-THIS	uppiled.
RESEF	G INK	efully s in pialn
RGIN	IFADIN	be car

PLACE OF DEATH	STATE OF MARYLAND
County Arederick	CERTIFICATE OF DEATH
	Registration Dist. No. 3
Village or City / M. (No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Pul Frank J	tion, give its NAME is stead of street end number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH Alang - 19-, 198/
6 DATE OF BIRTH	(Month) (Day) (Year)
Man-19-, 1930	May-14 1981. to May-19-, 1921.
(Month) (Dsy) (Year)	thet last saw harm alive on hart 4 , 199
7 AGE II LESS than I day hrs.	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	
8 OCCUPATION (a) Trade, profession or	Oronchoffneumonea
particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmoeds.
9 BIRTHPLACE (State or country) Frederick by Ald -	Contributory Secondary (Duration)
FATHER arthur D. Jambert	(Signed) W. Hayes Brown M. D.
OF FATHER ALL	192 (Address) All William Country North on in deaths from
Copy of Father (State or country) Mederal 10 , Ald,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER batherine V. Poyer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs mos ds. State yrs mos ds.
(State or Country) HILDUNG CONTROL TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence.
(Informant) January	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Frederick MA. Route 7	Mt Olivet Cem Feed May 21, 193
Filed 28 May 198/ oral melinely Registras	M. R. Achison ton mederick and
If more bianks are needed, address State Registres	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (rework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on (6) For persons who have no occupation Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH 0587

1. PLACE OF DEATH	——————————————————————————————————————	
County Frederick	Registration Dist. No. 131	
Village of City Frederick N. 6	in the Corporat Livering	
(I	ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurredyrs,mo	sds. How long in U.S. If of foreign birtb?yrsmosds	
2. FULL NAME Anna Mo Loittle		
(a) Residence: ND. Firederical land N. E.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Senualc White. Married	21. DATE OF DEATH May 23 1931	
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) V (Year)	
	22. O I HEREBY CERTIFY That I attended deceased from	
(or) WIFE OF Hoenry E. Little	may 1 1981 to may 23, 1931	
6. DATE OF BIRTH (month, day, and year) June 28 1849	I last saw help allve on mag 221, 1931; death is said	
7. AGE Years Months Days If LESS than	to have occurred nn the date stated above, at 7.15.4m.	
81 10 25 1 day, hrs.	The PRINCIPAL CAUSE OF DEAT! and related causes of importance were es follows:	
8. Trade, profession, or particular kind of work done, as SPINNER. House Wife	Date of onset	
SAWYER, BOOKKEEPER, etc. Moseuse Wife.	6 promis myocarditis	
9. Industry or business in which work was done, as SILK MILL Own Hoome SAW MILL, BANK, etc.		
10. Dato deceased last worked at this occupation (month and year) 11. Total time (years) spant in this 50 occupation		
12. BIRTHPLACE (city or town) Fracterials	Dther Contributary Causes of Importence:	
(State or country) Manyland	licule dilatation of Work	
13. NAME William Fischer	D	
13. NAME William Fischer 14. BIRTHPLACE (city or town)	Name of operation X Date of X	
(State or country) Sermany	What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Do not know	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	
* (State er country) Germany		
17. INFORMANT Henry & Little		
(Address) Rad ON, 6 of Frederick		
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury	
Place St Johns Cem Date May 25, 1931	Nature of Injury	
19. UNDERTAKER Thomas F. Thice	24. Was disease or Injury In any way related to occupation of deceased?	
(Address) Froederick	If so, specify *	
28 Trans 312 D. 9. 4,000 0	(Signed) Wm M. Amith M. D	
20. FILE De Caroy, 193/ - Oly Duas Tur Carol	(Address) 7 & Laurel St.	
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	
	Firedt. hid	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related caus of importance were as follows:	ses Date of oriser
Arterioselerosis	1915	Attock of epilepsy	1 tocche ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days and
r contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSI-

certificate.

s very important.

Filed 9 - may

PLACE OF DEATH	
County Tre derick	(106
Village or City Montevue Grospital _	
2FULL NAME Bradley Mor	n.
PERSONAL AND STATISTICAL PARTICULARS	
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED,	16 1
Wale White OR DIVORCED (Write the word)	
DATE OF BIRTH	17
(Month) (Day) (Year)	
AGE [IFLESS the	
58 yrs. 10 mos. 82 ds. or min	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	•••
(State or country) Waryland	
10 NAME OF Washington P. Manua	(Sig
OF FATHER (State or country)	
of Mother & lizabeth Schmids	18 1
13 BIRTHPLACE OF MOTHER (State or Country) Mayland	At post of d
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if n
(Informant) James. a. Jones Surel	Forrusus

Registrar

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

05877 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)	a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE C	F DEATH
16 DATE OF DEATH Way	8 , 193 /
17 I HEREBY CERTIFY, That I atte	
that I last saw h from alive on may	7 , 193/
and that death occurred on the date stated The CAUSE OF DEATH * was as follows:	above, at
(Duration) 15	
(Signed)(Address) Aude	wiet Ind.
*State the Disease Causing Death, Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal.	
18 LENGTH OF RESIDENCE (For Hospit ients or Recent Residents)	als, Institutions, Trans-
At place of desthyrsmosds. In the State	
Where was disesse contracted, Vulsusuu if not at place of deah?	
Former or usual residence Treduck Md.	309 E. Third &
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Met Olivet Gem	May 1918/
Thomas F. Bise	Froderick

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (ne or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Lauvier Course, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekccpers who receive a Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton without more precise specification as Day For persons who have no occupation mill; (a) Salcsman. person, irrespective of (6) Grocery;

Statement of Cause of Death—Name, first, the present to time and causation), using always the same accept to time and causation), using always the same accept ed term for the same disease. Examples: "crebrospinal fever (the only definite synonym is "Epidemic coronospinal meningitis"); Diphilieria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia", Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, approved carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, (secondary Whooping American Medical Association.) Examples: Accidental drowning; Struck by railway trainperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Nomenclature of the or intercurrent) affection need cough; Chronic . valvular etc. The contributory Always qualify all heart disease, not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is parmanently filed

or 12.0. Thomas

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death.

As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	D ZX "XX
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of ohset
Arteriosclerosis	1915	Attack of epilepsy	tweek and-
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
<u> </u>			
contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Oor Inson

SEC

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration	Dist. No. 145
Village or City my sulle(No	Maser (Stillare)	(If death occurred in a hospital or institution, give its NAME is stead of street arounder.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
M White SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month)	/6 , 198/ (Day) (Year).
(Month) (Day) (Year)	17 I HEREBY CERTIFY. That I at	5-16, 198,
Stillbaux 6 mos. de. or min) /	d above, at
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Tamature Es	foldsof Hill am
9 BIRTHPLACE (State or country) WOUNT paulle	Contributory Secondary (Duration)	On Jacoba
10 NAME OF FATHER Slayd Maser	(Signed)	aleus M. I
OF FATHER (State or country) Maiden Name OF FATHER (State or country) Maiden Name	*State the Disease Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	njury and (2) Whether
OF MOTHER Makel Susau Jag funde 13 BIRTHPLACE OF MOTHER (State or country) Mydrs aelle 1elle	At place of deathyrs	
14 THE ABOVE IS TRUE TO THE BOST OF MY KNOWLEDGE	if not at place of death?	
(Address) HMA resaille	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL , 19
15 Filed May 29, 1931, William S. Wachter Registrar	29 UNDERTAKER	ADDRESS
If more bianks are needed, address State Registi	rar, 16 W. Saratoga St., Balto., Requesting V.	S. No. 1.

WRITE PL

BINDING

FOR

TH UNFADING INK--THIS MARGIN RESERVED

it may should PERMA

(Approved by U. S. Census 2nd American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Solesmon, (b) (o) Foreman, (b) Automobile foctory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary firemon, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enloborer, nature of the business or industry, and therefore an tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Foreman, For many occupations a single word or term on or Farm laborer, At Home, and children, without more precise specification as Day For persons who have no occupation Laborer--Coal mine, etc. not gainfully emmaterial Grocery; Wom-

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) atic), "Atrophy," "Collapse," "Coma," "Convulsions, approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonihis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-..... (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic Example: Measles (disease chopneumonia (secondary), etc. The contributory valvular Always qualify all heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

infor OCCUPA 1. PLACE OF BEATH plnous Registration Dist. No. Village=or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U. S. If of foreign birth? _____yrs. ____mos. ____ ds. Longth of residence in city of town where death occurred (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ernale (Month) (Dey) 5a. If married, widowed, or divorced HUSBAND of 22. IHEREBY CERTIFY, Thet t attended deceesed from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Days properl 7. AGE Months II LESS than to have occurred on the date stated above, et hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance ---- min. 8. Trade, profession, or particular TION kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc. may 9. Industry or business in which should work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (yeers) this occupation (month and spent in this that occupetion instructions 12. BIRTHPLACE (city or town) (State or country) plain terms, FATHER 14, BIRTHPLACE (city or town) (State or country) be carefully MOTHER important. in Accident, suicide, or homicide? OF DEATH Date of injury 16. BIRTHPLACE (city or town) (State or country Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods (Address) Manner of Injury CAUSE mation TION Neture of Injury 24. Was disease or injury 19. UNDERTAKER (Address) If so, specify (Signed) (Address)

BINDING

RESERVED

MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 24xx N. Charles Street, Baltimore, Requesting U. S. No. 1.

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write uone.

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Exar	nple I		Example II	
The principal cause of death of importance were as follows	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of anset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1 300 3 1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	100 3 A	July 5, 1927	Peritonitis	3 days ago
	RETREAT	7 9 1		
Other contributory causes of	importance:	arture.	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

state infor-OCCUPA 1. PLACE OF DEATH . plnods County item PHYSICIANS Every Length of residence in city or town where death occurred statement 2. FULL NAME RECORD. (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) A PERMANENT - Lasall BINDING classified 5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of EX certificate. properly 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Days If LESS than FOR Months stated 1 day hrs. S or rain. 8. Trade, profession, or particular UNFADING INK-THIS **MCCUPATION** MARGIN RESERVED kind of work done, es SPINNER, pe be Jo SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc..____ may should See instructions on back 10. Date deceased last worked at this occupation (month end 11. Total time (yeers) spent in this that occupation ... 12. BIRTHPLACE (city or town) (State or country) supplied. CAUSE OF DEATH in plain terms, FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) mation should be carefully MOTHER very important. 15. MAIDEN NAME 16. BIRTHPLACE (city of town) WRITE PLAINLY (State or country) (Address) 18. BURIAL, CREMATION. TION is (Address) 20, FILED Registrar.

0-	92-0)
K,	Registration Dist. No. 144
1 1/2	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
n where death occurred	
mara J. Mye	18/1
	St., Ward.
(Usual place of abode)/	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
ACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	$\frac{\mathcal{J}\mathcal{M}_{ac}}{\mathcal{M}_{onth}} = \frac{3}{3} = \frac{193}{(\text{Year})}$
	22. I HEREBY CERTIFY, That I attended deceased from
V	May 18" 1931, 10 May 81" 1981
n 1885-3-27	I last saw h un elive on May 28 , 1931; death is said
nths Days If LESS than	to have occurred on the date stated above, at 2.30 Pm.
7 1 day,hrs.	the FRINCIPAL CAUSE OF DEATH and letated causes of importance
P	Pulmonary Embolisin 5/8/81
VER, L-dborst,	acul sugresidité
ι,	
11. Total time (yeers) spent in this	
occupation	
1	Other Contributory Causes of importance:
angline	
Heyers,	
1	Name of operation
naughand.	What test confirmed diagnosis? by weel Ex Wes there an autopsy? 20
lia Malker,	23. If death was due to external causes (VIOL ENCE) fill In elso the following:
2	Accident, suicide, or homicide?Oate of injury, 19
nayland,	Where did injury occur?
ois Mujere	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
mirrort, Tred,	
County Date June 3 =/1931	Manner of injury
Date 1 193/	Nature of injury
all, v	24. Was disease or Injury In eny way related to occupation of deceased?
ield med.	If so, specify
Unna M. Tones Registrar.	(Signed) There and M.O. (Address) There and M. O.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH 05881

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I The principal cause of death and related causes of importance were as follows: Date of onset			Example II	
			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	LATI V.	3 - 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	BUKON	1921	Run over by street car	1 week ago
Cerebral hemarrhage		July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

10720	County Frederick		Positotetias D	ist. No. / 3 /
	Village or City Tuderick	• • • • • • • • • • • • • • • • • • •	Registration D	St. No. / War
			death occurred in a hospital or institution, give its NAME	instead of street and number)
	2/	odyrs,mos.	ds. How long In U.S. if of foreign birth?	yrsmosd
	(a) Residence: No. 26 08.	market	St., Ward.	
access	(Usua	place of abode)	If nonresident gi	ve city or town and State
1	PERSONAL AND STATISTICAL PA	RTICULARS , MARRIED, WIDOWED,	21. DATE OF DEATH	OF DEATH
1	reale White OR DIV	ORCED (write the word)	(Month)	30 , 193 / (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of Lophie O	Raabe	22. I HEREBY CERTIFY May 18 1931 to W	
	DATE OF BIRTH (month, day, end yeer)	- 106H	May 18 , 19 31, to Ill	19.31 ; death is sai
-	AGE Yaars Months Day	s If LESS than	to have occurred on the date stated abova, at	
	66 11 6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes were as follows:	of Importance
NO	8. Trade, profession, or particular kind of work dona, as SPINNER,	11:4	Elisania alepla	nelis 7
UPARI	SAWYER, BOOKKEEPER, etc.	pouse		
S OF	work was dona, as SILK MILL, SAW MILL, BANK, atc			
0	IO. Data decaased last worked at this occupation (month and year)	Fotal tima (years) spant in this occupation		
12	BIRTHPLACE (city or town) Book Assets (State or country)	ulf.	Other Contributory Causes of Importance:	lysis 5/21.
ER	13. NAME Carin & Mar	ale		<i>Q</i>
FATHER	14. BIRTHPLACE (city or town)	uf	Name of operation	Oate of
-	(Stata or country)	x la and	What test confirmed diagnosis?	Was thera an eulopsy?. 24
MOTHER	15. MAIOEN NAME Many	roug	23. If death was due to external causes (VIOL ENCE) fill I	THE RESERVE OF THE PERSON OF T
MO	[6. BIRTHPLACE (city or town)	ing	Accident, suicide, or homicide?	te or injury, 19
17.	INFORMANT Mrs. Denry 160	idle		wn, county and State) E, or In PUBLIC PLACE.
18	BURIAL, CREMATION OR REMOVAL	10001 71	Mannar of injury	
K	Place Dukumus Oate)	Nature of injury	
19	UNDERTAKER L.	M)	24. Was disease or injury in any way related to occupati	on of deceasad?
	(Address) (Address)	1.	If so, specify	on VIII
	FILED 36. Moy 1931 Asu	0 .	(Signad)) M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I VED of death and related causes		Example II	
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUN 4 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep		1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU		July 5, 1927	Peritonitis	3 days ago
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state H UNFADING INK-THIS IS A PERMANENT TECORD. Every item of infor-N. B.-WRITE PLAINLY, V _V S. No. 1

MARGIN RESERVED FOR BINDING

	County Tresleven Co.	Registration Dist. No. 12/
	Village or City Fredrick	No. Cockwell Strate St., death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence In city or town where death occurredyrs,mos.	
2	FULL NAME Helen alberta	Mulling Radcliffe
	(a) Residence: No. Rockwell 192 (Usual place of abode)	Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7	unde White OR DIVORCED (write the word)	21. DATE OF DEATH (Pay) 193 (Year) (Year)
5a.	HUSBAND of A divorced a able Rodeliffe	22. I HEREBY CERTIFY, That I ettended decessed
	0/036,560	May 8 ,1931, to May 8 ,19,
	ATE OF BIRTH (month, day, end year)	I last saw h 22 alive on 1921; death i
7. A	11 A Idea hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
-	7 9 — / 0 ormin.	were as follows:
ON	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	Cereful Hommertege 12
Z	9. Industry or business in which	m
5	work was done, es SILK MILL, SAW MILL, BANK, etc	// C
200	1D. Date deceased last worked at this occupation (month and spent in this	7
	year) occupation	Other Contributory Causes of importance:
12.	BIRTHPLACE (city or town) Treduck	Cities oscillatory curve, migriculator.
1	(State or country)	
HER	13. NAME & orenza & philling.	
Y	14. BIRTHPLACE (city or town) Treduck	Name of operation
~	(State or country)	What test confirmed diagnosis? Wes there an autopsy?
HER	15. MAIDEN NAME Many 2. Mendretto	23. If death was due to external causes VIOLENCE) fill in also the following:
MOT	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, Date of injury, 19_
2	(State or country)	Where did injury occur? (Specify city or town, county and State)
17.	(Address) Frence med	Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMUVAL	Manner of injury
	Place Freduce ned Date May 10, 1931	Nature of injury
19.	UNDERTAKER 6. E. Clim Home (Address) Frederick Pul.	24. Was disease or Injury In any way related to occupation of deceesed?
	(Noureos)	If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1		Example II	Zanorii press
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JUN A 1992	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAD V &	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	,
Gallstones	May 1,1923	Gastroenteritis	1 year

	05884
PLACE OF DEATH	STATE OF MARYLAND
County / Molecula	CERTIFICATE OF DEATH
a 11 /ar 11 h	Registration Dist. No. 3
Village or City & naddoch sylvant	addith Skillward (If death occurred
2 FULL NAME Of ath anni.	a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	
2 CEV LA COLOR DE CINCLE	MEDICAL CERTIFICATE OF DEATH
MARRIED, Maried	16 DATE OF DEATH , 193 /
7 WWW (Write the word)	Moey (Month) 28 (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw her alive on Wary 28, 193/
7 AGE [If LESS than	
27 yrs. 3 mos. 27 ds. or min?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION /	Solf
(a) Trade, profession or particular kind of work	Meserce
(b) General nature of industry business, or establishment in	0-1
Owhich employed or (employer)	Doration) yrs
9 BIRTHPLACE (State or country)	Contributory Cytholican Secondary
10 NAME OF	(Durgion) yrsde
FATHER HOWLY Cruse	(Signed) M. D.
UN 11 BIRTHPLAGE OF FATHER	*State the Disease Causing Death, or, in deaths from
Z (State or country) AND AND AND III III III III III III III III III I	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mile MONS	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place in the
(State or country) // aux sund	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF THE KNOWLEDGE	if not at place of death?
(Informant) fall will and	19 PLACE OF BURIAL OF EMOVAL DATE OF BURIAL
(Address) Drad fock Obuguts 111	Fredrick MI Truck Out May 31 31
15 Filed 29 may 1981 Iral module	20 UN DEBTAKER A ADDRESSE!
Registrary	17 11 Hadrey Meddletown
16 more banks are needed, address htate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. Ao. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know tion applies to each and every person, irrespective of fulness of various pursuits can be known. etc., first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a or At Home, and children, Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the single word or term on not gainfully em-Grocery;

Statement of Cause of Death—Name, first, the Disease Cause of Cause of Death—Name, first, the Disease Cause Courself the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." approved by (Recommendations on carbolic acid-probably suicide. The nature of the injury, American Medical Association.) (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonibis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train perilonacum, etc., Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJULY interstitial nephritis, cough; Committee on Nomenclature Chronic statement of cause of Carcinoma, Sarcoma, etc., of etc. The valvular heart Always qualify all contributory disease

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESE	WRITE PLANTY WITH UNFADING IN	N. B Every Item of information should be carefully
	PL	of i
	RITE	Item
V. S. No. 1	W	8Every
٥.		\geq

PLACE OF DEATH County Frederick	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. /32
Village or City Butilla Trille (No	St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH MAY 15 , 198	(Month) /5 (Day) /4.3 (Year)
7 AGE (Month) (Day) (Year) 7 AGE If LESS than I day	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duretion) yrs. mos. de
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
OF MOTHER WELLYN Source Affirman 13 BIRTHPLACE OF MOTHER (State or Country) Startbullewills Md	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Informant) Mory Robinson (Address) Burkettsville Md 15 Filed // Delp / 5-198/ Designation Registral	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UN DESTAKORO OF STREET ADDRESS ADDRESS ADDRESS DISTAMBLE OF BURIAL ADDRESS BURIAL BU
it more plants are needed, address trate negistra	ay av manager and an arrangement

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH g: ged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houselaborer, Form laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Civil engineer, Stationory freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomolive engineer, report specifically the occupations of persons en-For many occupations a or At Home, and children, not gainfully emyrs). without more precise specification as For persons who have no occupation single word or term on Day

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Brouchopneumonia ("Pneumonia,")

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TH UNFADING INK-THIS IS A PERMANENT-KECORD. Every item of inforly supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING N. B.-WRITE PLAINLY, W V. S. No. 1

1. PLACE OF DEATH	OF MARYLAND—	CERTIFICATE OF DEATH 1588	,(,
County Frederick		Registration Dist. No. / 1	5
Village or City Warm.	(1)	No. St., f death occurred in a hospital or institution, give its NAME instead of street and n ds. How long in U.S. If of foreign birth? yrs. mo	
2. FULL NAME Baby (a) Residence: No.	(Usus place of abode)	St., Ward. If nonresident give city or town and	
PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Molt White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Month)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, That Lattended of	
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months	Days 17 LESS than 1 day,	to have occurred on the date stated above, at	; death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Stillborn	Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
0. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Mary	and,	Other Contributory Causes of importance:	
13. NAME LOSS 14. BIRTHPLACE (city or town). Ma	vol		
14, BIRTHPLACE (city or town)	ryland	Name of operation Date of	
	1.01	What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME MAY K	aryland	23. If death wes due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide?	, 19
17. INFORMANT Harry Ro (Address) May	hrer md	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL Place Hammony	Dete May 10, 1931	Manner of Injury	
19. UNDERTAKER C. 3. K. S. L. A. (Address) Middles	dhill md.	24. Was disease or injury in any way related to occupation of deceased? If so, specify	
20. FILED May 10, 1931. 1	Villiam D. Wachtel	(Signed) Address) Disable form	md M.D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I The principal cause of death and related causes Date of onset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephrit	18 7	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V 9	July 5,1927	Peritonitis	3 days ago	
Other contributory caus	es of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

YSI-	PLACE OF DEATH Non WINE COMPONENTS	STATE OF MARY
H. G.	County Grederick	CERTIFICATE OF I
TLY	Village or City Vear Angwille (No.	Registration Dist. No.
ated EXAC operly clas	2 FULL NAME William Winfield	St.: Ward) (If dea a hospition, gi stead number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT
MA IN Ind be stay be proposed back of	Alale Color or RACE 5 SINGLE, MARRIED, Married OR DIVORCED (Write the word)	16 DATE OF DEATH MAY - 15-
PER shou	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the ang 14 1920, to May 15
HIS IS A lied. ACE ms so than pstruction	7 AGE State Contain Contain	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
NKTI iy supp ain terr See Ir	(a) Trade, profession or Jahren particular kind of work	berebial prinorrhage
refuil In pl	(b) General nature of industry business, or establishment in which employed or (employer)	Contributory (Duration)
FADII be ca EATH Impo	State or country)	Secondary (Duration) yrs.
Luid Wery	10 NAME OF MURRIAN	(Signed) M. Hagen Brown
CAUSE OCAUSE OCAUS OCAU	U DI BIRTHPLACE OF FATHER (State or country) Whenoun	State the Disease Causing Death, or, in Vlolent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.
-	of Mother Muknown	18 LENGTH OF RESIDENCE (For Hospitals, Institents or Recent Residents)
f Inform d state	13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrs
em o shoul	(Informant) Aartha Scatt	if not at place of death?
Every it	(Address) Knoprille, Md. R. D.	19 PLACE OF BURIAL OR REMOVAL DATE
) w .	Filed May (5 1931 MM. H.S. Huges	abril Digos Freduces
Z	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARYLAND

FOOT

OF DEATH

(If death occurred in a hospital or institu-tion, give its NAME is-stead of street and number.) OF DEATH(Day) (Year)..... ended the deceased from _yrs.____ds, or, in deaths from jury and (2) Whether tals, Institutions, Trans-....yrs......mos......ds. DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation 6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular etc. The contributory heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

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ale white E OF BIRTH Out	CE SSINGLE, MARRIED, WIDOWED. OR DIVORCI (Write the wo	186 (Year)	They I HEREB	(Month) EY CERTIFY, That I att.	24, 198 (Day) (Ye
ale White Oct	MARRIED, WIDOWED. OR DIVORCI (Write the wo	, 1836 (Year)	may I HEREB	(Month) EY CERTIFY, That I atte	
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HPLAGE tate or country)	rd		Centributory Secondary	\mathcal{O}	A
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(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, tired 6 yrs). For persons who have no occupation er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at bome, who are engaged in the duties of the Never return "Laborer," "Foreman," "Nanager," "Dealstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (renner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on Stationary freman, etc. But in many Locomolive engineer,

Strtement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchoppeumonia ("Pneumonia,")

Chronic interstitial nephritis, Whooping cough; inges, perilonaeum, etc., Carcinoma, Sarcama, etc., of (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, " "Weakness," etc., when a definite disease "E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Astuema, atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Hemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menlclanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underapproved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., scpsis, carbolic acid-probably suicide. The n-ture of the injury, American Medical Association.) Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

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TION is very important.

B.-WRITE PLAINLY,

STATE OF MARYLAND-CERTIFICATE OF DEATH

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County Frederick Registration Dist. No. / 3/ Village or City Jefferson No. St., Wa
Village or City JOIIOTS ON No. St., Wa
(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurredyrsmos ds. How long in U.S. if of foreign hirth? mos
2. FULL NAME Roland Luther Shaff.
(a) Residence: No. (Usual place of abode) St., Ward. (Usual place of abode) If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIEO, WIO OWEO. OR DIVORCED (write the word) single (Month) (Pax) (Year)
Sa. If married, widowed or divorced
HUSBANO of (or) WIFE of
Oct. 2, 1898
6. OATE OF BIRTH (month, day, and year) last saw h alive on 11.30A.
7. AGE Years Months Oays If LESS than to have occurred on the date stated above. dtm. 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
32 32 7 28 ormin. were as follows: Date of one
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
9. Industry or business in which
work was done, as SILK MILL, SAW MILL, BANK, etc.
this occupation (month and spant in this
year) occupation Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)
Theries K Shoff
Maryland
14. BIRTHPLACE (city or town) Name of operation Date of
15. MAIDEN NAME Lavina Kedsler 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury
where and injury occur;
C. K. Shaff. Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) OGITETSON, IVID.
18 BURIAL, CREMATION, OR REMOVAL Manner of injury Place Jefferson, Md. Oate June 1, 19 31 Nature of injury
M. R. ETCHISON & SON.
19. UNDERTAKER - Frederick - Md - 24. Was disease or injury in any way related to occupation of deceased?
(Address)
20. FILEO J- June 193/ Town March (Signed) (Address) Fracture 200 M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must statc:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ExampleCEIVE	D	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BU EAU S	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (if death occurred in a hospital or institution, give its NAME instend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 3 SEX COLOR OR RACE 16 DATE OF DEATH MARRIED, WIDOWED. BINDING back OR DIVORCE onth) (Write the word) o may I HEREBY CERTIF 6 DATE OF BIRTH hai ruction (Month) (Day) and that dooth occured on the dote stated above. IIf LESS than 7 AGE I day hra. The CAUSE OF DEATH min. ter 8 OCCUPATION SERV (a) Trade, profession or particular kind of work pla (b) General nature of industry business, or establishment in (Duretion) porta which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duretion) ۵ 10 NAME OF FATHER (Address) 11 BIRTHPLACE ENTS State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. OF FATHER (State or country 2 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ ients or Recent Residents) 18 BIRTHPLACE In the At place OF MOTHER of death. State (State or country) Where was disease contracted, if not at place of death? 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or usual residence... PLACE OF BURIAL OR REMOVAL 20 UNDERTA If more blanks are needed, address Stete Registrer, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Chirl engineer, Stationary fireman, etc. But in many eases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of filliess of various pursuits can be kn wn. The ques-Statement of Occupation-Precise statement of ocen at home, worked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," "Manager," 'Dealstate oc.u. ation at beginning cfillness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-gard in domestic service for wages, as Servant, Cook, household only and paid Housekeepers who receive a whatever, write Nonc. business, that fact may be indicated thus; Farmer Housemuid, etc. If the occupation has been changed oution is very important, so that the relative health yed, as At school, or At home. Care should be taken site salary), may be entered as Housawife, Ilouse-k, or At Home, and children, not gainfully em-Foreman, For many occupations a single word or term on yrs). Farm laborer, without more precise specification as Day who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Grocery;

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V. S. No. 1

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	BEvery Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI:	CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exac	statement of OCCUPATION is very Important. See instructions on back of certificate.	
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PLACE OF DEATH ,	STATE OF MARYLAND
County Frederics	CERTIFICATE OF DEATH
neur P. 1 11.	Registration Dist. No. 3
Village or City (Cubulylouse)	St.: Ward) (if death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME James anthony	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. Navved WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH May 30th, 19831 (Month) (Day) (Year)
6 DATE OF BIRTH Dae, 291, 1856	May 28 1931 to May 30 , 1931
(Month) (Day) · (Year)	that I last saw h walive on Mary 301, 1931,
7 AGE If LESS than	
74 yrs. 5 mos. / ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION	Cirebral Embolism
(a) Trade, profession or farmer	
(b) General nature of industry business, or establishment in	2.4.5
which employed or (employer)	(Duration) yrs mos Z de.
9 BIRTHPLACE (State or country) Md	Contributory Secondary
10 NAME OF Aguil Smith	(Signed) Otro 13, Stow) M.D.
IN 11 BIRTHPLACE	May 30,1931 (Address) away lower,
OF FATHER (State or country) 12 MAIDEN NAME	** tate the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Javan rocke	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos ds. In the State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
2 2 1 15	Former or usual residence
(Address) Alberty forw	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	20 UNDERTAKER ADDRESS
Filed May 3/ 1931 The Cufucu Registras	mre 16. G. Pulman Halkerwille
If more banks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None. or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a inner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory Whooping use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Example: Measles (disease

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V. S. No. 1

PLACE OF DEATH .	STATE OF MARYLAND
County Inedirects	CERTIFICATE OF DEATH
	Registration Dist. No. /35
Village or City Myarsaella No.	St.: Ward) (If death occurred in a hospital or Institution, give its NAME in stead of street and
2FULL NAME / Saly bay Smil	(e) Tillbarrel number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED. WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 5 30, 193/
5 30 , 193/ (Month) (Day) (Year)	that I last saw halive on, 192, 192, 192, 192
Stillborn inos. ds. If LESS than I day hrs. or min.?	
8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	(Dursjion)mosds
9 BIRTHPLACE (State or country) My dres welle will	Contributory Secondary Contributory Secondary Se
10 NAME OF MEADLE & Smith	(Signed) M. D. S-30 193 (Address) Menusuelles
OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER TYNNIE Dusinks	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Mydrsaille m.	At place of death yrs. mos. ds. In the State yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Lyllators mx	usual residence
(Address) my dusuille je	Buried at Lone 19
15 Filed June 4 193/ Charles L. Leathern Registrar	nember of family
If more highly are needed, address State Registra	r. 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

05892

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Houseuffe*, *House*er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Physician, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery,

Statement of Cause of Death—Name, first, the Disk EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Typhoid pneumonia, Bronchopneumonia ("Pneumonia,"

RUREA

telanus) may be stated under the head of "contributory." American Medical Association.) approved by "Inanition," "Weakness," etc., when a definite disease stated unless important Example: Measles (disease (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (mercly symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; L. (secondary or intercurrent) affection need Whooping cough; (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Atrophy," "Collapse," "Coma," "Convulsions, interstitial nephritis, Committee on Nomenclature "Heart failure," "Ilaemorrhage, Chronic chopneumonia (secondary), etc. The contributory valvular heart not be disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

infor- state UPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH ,	92-0
ould occu	County Treduck	Registration Dist. No. 131
sh of	Village or City Auckeystorm had	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Every MANS Sment	Length of residance in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds
D. Every SICIANS tatement	2. FULL NAME Malph May Snige	les
M M M	(a) Residence: No. (Ohreffing flace of abode)	St., Ward. If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male . COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
RMANEN X A C T I	5a. If married, widowed, or divorced HUSBAND of CON WIFE OF THE PROPERTY OF TH	22. 1 HEREBY CERTIFY. That I attended decaesed from
MA A A ass	Hattief Inyder	Mehl 19.3.), 10 2m 24 1981
	6. DATE OF BIRTII (month, day, end year) Than 10 1895	I last saw h alive on 2 3 , 19 3/ ; death is sai
7 6 7 5	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
FOR IS A F stated properliertifica	36 - 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
be so be potential	8. Trade, profession, or particular kind of work done, as SPINNER dutomobile SAWYER, BOOKKEEPER, etc.	21 1 1 2 2 2 1 + 1 2
	9. Industry or business in which	Bullenius (and mondaling);
K—T tould may back	work was done, as SILK MILL, SAW MILL, BANK, etc	
INI ST	10. Date deceased last worked at this occupation (month and spent in this	
KE I	year) occupation	Other Contributory Causes of importance:
ADING ADING d. AG s, so th	12. BIRTHPLACE (city or town) 1700 Stock (State or country)	
7 2 2 4		
UNF UNF suppli n term ee ins	E neelle	N
y su ain	14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
	15. MAIDEN NAME Nellie Andre	23. If death was due to external causes (VIOL ENCE) fill in also the following:
Y, we carefull H in portant.	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
ATTH ON	E (State or country) Waryland	Where did injury occur?
S PLAINLY, we should be careful OF DEATH in ps very important.	17. INFORMANT Mrs. Ralph R. Luyder	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PI shou OF	19. BURNAL, CREMATION, OR REMOVAL	Manner of injury
	Place Treduce Me Date May 15 T93/	Nature of injury
-WRIT mation CAUSI	19. UNDERTAKER C. E. Coline of on	24. Was disease or Injury In any way related to occupation of deceased?
9 9	(Address) Frederick ned.	If so, specify
(7)	20. FILED Myth, 1921 / Cych More Registrar.	(Signad) M. (Address) M.
	If more blanks are needed, address State Registrar,	245 I N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation rèturn must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier-morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes of importance were as follows:			Example II	
			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	TORE	915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	, 21 20	_19213	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state ECORD. Every item of inforof OCCUPA-Exact statement AGE should be stated EXACTLY. I UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B. WRITE PLAINEY,

V. S. Mp. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	925
County Frederick	Registration Dist. No. / 4/0
Village or City Tease	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 4-0-yrsmos.	ds. How long In V. S. if of foreign birth?yrsmosds.
2. FULL NAME Promise Udd	Stant
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the ford)	21. DATE OF DEATH May 28 193/
T 81 marries	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(OT) HITE OF Alfrendent Stant	Opr 25 1931 to may 28 1931
6. DATE OF BIRTH (month, day, and year) Feb 12 - 1865	I last sawher alive on may 28, 193/; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at to fem.
66 2 /6 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
Kind of work done, as SPINNER, Hauseworks SAWYER, BOOKKEEPER, etc	Chronic Valvular disease 1927
9. Industry or business in which	Thear
work was done, as SILK MIL drud ''	
10. Date deceased last worked at this occupation (month and the spent in this spent in this	VV
year)occupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town)	107 of x 5/28/3/
(State or country)	acute deletering heart 3/28/3/
13. NAME Samuel lodgers 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there en au'opsy?
15. MAIDEN NAME Spechen Cler	23. If death was due to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Jasephen Celevision 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
≤ (State or country)	Where did injury occur?
17. INFORMANT Planerasach Stant	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) The ma	***************************************
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Proce Outs Column Date My 3/, 193/	Nature of injury
19. UNDERTAKER M. L. Tarenson Han	24. Was disease or Injury In any way related to occupation of decaased?
(Address) Thursday MA	If so, specify
1 3/ 47 b	(Signed) Moland Deller M. D.
20. FILED Registrar.	(Address) Delour mo.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example -I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis Julia	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gostroenteritis	1 year

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the loborer, to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Form laborer, Laborer—Coal mine, etc. Wom-Cotton mill; (a) Solesman, (b) Grocery; (b) Automobile factory. The material Stationary fireman, etc. For persons who have no occupation (a) the kind of work and also (b) the Architect, Locomotive engineer, But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISfever (the only definite synonym is "Epidemic cerebro-Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-Lobar pneumonia, Bronchopneumonia ("Pneumonia,

> stated unless important. Example: Mcasles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee and Lomenclature of the "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), corbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, American Medical Examples: Accidental drowning; Struck by roilway train-Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; or intercurrent) Commi Chronic volvular heart disease; etc. The contributory affection need not t of cause of Tomenclature

permand If this certificate obtained beior ly and a'l questions pondence. the certificate is

and my be obtained

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. EXACTLY y clossified loate. (If death occurred in Ward) a hospit or institution, give its NAME i. stead of street and **W** > number.) certifi PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. may be OR DIVORCED BINDIN (Write the word) (Day) (Month) (Year) 6 DATE OF BIRTH 17 I HEREBY CERTIFY. That I attended the deceased from that (Month) (Day) 7 AGE IfLESS than I day hrs. The CAUSE OF DEATH * was as follows: min.? 8 OCCUPATION te (a) Trade, profession or 200 particular kind of work plai (b) General nature of industry business, or establishment inwhich employed or (employed) Contributory 9 BIRTHPLACE Secondary (State or country MARGI (Duration) _____moe.__)____ds. 10 NAME OF (Signed) FATHER OF FATHER State the Disease Causing Death, or, in deaths from (State or country) Villent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. 12 MAIDEN NAM 0 AR OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of deathyra........mos......ds. State yrs de. de. (State or country) 00 Where was disease contracted, shoul if not at place of death? 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE S sho Former or usual residence (Informant OF BORIAL OR REMOVAL DATE OF BURIAL of more blanks are needed, addre.s state Registrar, 16 W. Saratoga Ster Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"): Dishtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal perdonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for inalignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., c..... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Prisaned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Whooping unqualified, is indefinite); Tuberculosis of lungs, approved (Recommendations on statement of cause of American Medical Association.) Examples: Accidental drowning; Struck by ravivay train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on cough; Chronic Example: Measles (disease etc. The contributory valvular heart discase; Nomenclature Measles ; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FIN 4 19.

1. PLACE OF DEATH	CERTIFICATE OF DEATH U5897
County Firederick	Registration Dist. No. / 3/
Village or City Frederick	No. 422. Meiddle St. 4 Ward
(If	dealb occurred in a hospital or institution, give its NAME instead of street and number)
Ann A	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Florence Thompso	w.
(a) Residence: No. 422. Moiddle (Usual place of abode)	St., 4 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Weavered	21. DATE OF DEATH Mongy (Mogy) (Day) (Yoar)
5a. If married, widowed, or divorced WISBAND of (or) WIFE of Samuel Thompson	22. I HEREBY CERTIFY. That I attended deceased from May 19, 1931, to May 27, 1931
6. DATE OF BIRTH (month, day, and year) June 20 1881	I last saw her alive on may 27 th, 1931; death is said
7. AGE Years Months Days tf LESS than	to have occurred on the date stated above, at 246 Am.
49 11 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, House Nya . SAWYER, BOOKKEEPER, etc	Cleute Rephrites Date of onset
10. Data deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation occupation.	
12. BIRTHPLACE (city or town) Frederich	Other Contributory Causes of importance:
(State or country) Maryland	aremea, convulsion
14. BIRTHPLACE (city or town) Francisch Co	
14. BIRTHPLACE (city or town) Franchisch Co	Name of operation
(State of country) The arrivance	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME See and Deven 16. BIRTHPLACE (city or town) The device (State or country) May are land	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Harry Thompson	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Fairview Date May 29, 1931	Nature of injury
9. UNDERTAKER Thomas & Price. (Address) Rocalizer Stade	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 2 F lucy, 193/ Day melules Registrat.	(Signed) Address) And

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	=	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related can of importance were as follows:	auses	
Arterioselerosis	1915	Attack of epilepsy		I week ago NAT
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	Q.	3 days ago O 3 8
Of contributory causes of importance:		Other contributory causes of importance:		
Galistones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

30, Bourse

STATE OF	MARYLAND—CERTIFICATE OF DEATH	05898

1. PLACE OF DEATH	(31)
County Frederick	Registration Dist. No. 2/8/ No Montavue Hooskital St., Wa
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. 5300 N. Bents	st, 3 Ward.
(Usual place Shode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (North) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Seingleton Washingtons 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	22. J HEREBY CERTIFY. That I attended deceesed from Joseph Son 19.3 pt., to Market 19.3 pt., 19.
62 Iday, hrs. or. min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of one
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date decesed last worked at this occupation (month and this occupation (month and spent in this per time this profession).	Urama 4da
12. BIRTHPLACE (city or town) Staryland	Other Coutributory Causes of importance:
13. NAME John W. Mainer 14. BIRTHPLACE (city or town) (State or country)	neplinlis
14. BIRTHPLACE (city or town)	Name of operation Dete of
15. MAIDEN NAME Story Smith (2) 16. BIRTHPLACE (city or town) (State er country) Wingenia 17. INFORMANT Most Columna Mainer Res (Address) Met Pleasant Film	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury , 19 Where did injury occur? (Specify city or towo, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Lat Place Late 17, 1931	Manner of injury
19. UNDERTAKER Thomas J. Bice (Address) Produced Med. 20. FILED J. L. May, 1931 oou mclud. Registrat.	24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) (Address)
	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	tuses of impe	a carree, marine ou	Example II	Daampies.
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal of importance	cause of death and related Causes were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epileps	WILL IEGI V NOP	1 week ago
Chronic interstitial nephritis	1921	Run over by street	et eur	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	KECEINED	3 days ago
2 3 P 3				
Oth contributory eauses of importance:		Other contribu	tory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	The second sections	1 year
J. 12 :				
ADDITIONAL SPACE F	OR FURTH	ER STATEMEN	TS BY PHYSICIAN	

	PLACE OF DEATH County Frederick Within the	STATE OF MARYLAND CERTIFICATE OF DEATH
Vill	age or City Frederick (No. Frederic	half Hahital Ward) a hospital or institu
	2 FULL NAME Mrs Carrie Ha	territan tion, give its NAME in stead of street and number.)
3	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7 te	MARRIED, Walled WIDOWED (Write the word)	16 DATE OF DEATH 1923 (Month) 7 (Day) (Year)
6 D	ATE OF BIRTH July 21, 19/2 (Month) (Day) (Year)	that I last saw h salive on 192
7 AG	/fyrs. f mos. 3 ds. or min.	and that death eccurred on the date stated above, at
(a) pa (b)	Trade, profession or ricular kind of work General nature of industry siness, or establishment in tich employed or (employer)	Septicalines toused by a post-partire infection awy R. (Duration) yrs. mos de
	11 BIRTHPLACE (State or country) 10 NAME OF FATHER Doid Joshana 11 BIRTHPLACE	Contributory Secondary (Duration) yrs mos ds. (Signed) M. D. (Signed) (Address Lewlung)
N L	OF FATHER (State or country) 12 MAIDEN NAME 14	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PA .	OF MOTHER Julla Horlow 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
14 TI	Anformant) Haven Fratuman	Where was disease contracted, if not at place of deah? Former or usual residence AMMON Bridge And
15	(Address) University	Bether Chu 3-May, 193.
1	Registrar If more banks are needed, address State registrar	m. L Creates from Thumments, 16 W. Saratoga St., Bylto., Requesting V. S. No. 1.

05899

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from business, that fact may be, indicated thus; Farmer (regaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesmon. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., Never return "Laborer." "Foreman," "Manager," "Dealworked on may form part of the second statement nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a or At Home, and children, not gainfully em-Farm laborer. Laborer-Coul mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many (a) the kind of work and also (b) the single word or term on

Statement of Cause of Death—Name, first, the DISEASE OF CAUSE OF DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, can be ascertained as the cause. Always qualify all "Inanition," "Marasmus, Ulu Index, "Ula Inanition," "Weakness," etc., when a definite disease "Exhaustion," "Heart famure, "Old Age," "Shock," "Old Age," "Ann a dafinite disease "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-..... (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of Examples: Accidental drowning; Struck by ruilway train-Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, by cough; Committee on Nomenclature "Heart failure," "Haemorrhage," Chronic The nature of the injury, valvular heart etc. The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05900
County Treducet Within the Corpo	Registration Dist. No./3/
Village or City Frederick	No. 8 Or. 3 34 2X Sty Ward
Length of residence in city or town where death occurredyrsmo	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME annie Trans	martheimes
(a) Residence: Np. 8 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) That Rearried	21. DATE OF DEATH MOSS ZZ , 193 J (Monsy) (Day) (Yaer)
5a. If marriad, widowad, or divorced HUSBAND of Chas. Wertherine	22. 9 I HEREBY CERTIFY. That I attended deceased from May 22, 1931, to May 22, 193
6. DATE OF BIRTH (month, day, end yaar)	I last saw Mer eliva on May 22 1, 19 31; death is sale
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stetad above, and 1-2 ? results The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which	Cerebral hemorrhage
work was dona, as SILK MILL, SAW MILL, BANK, atc	
this occupation (month end spant in this occupation occupation	D. C. H. C.
12. BIRTHPLACE (city or town) . Battimore (State or country)	Dther Contributory Causes of importance:
1 0/10/10/11/11/11	ana source de
13. NAME Philip D. Attisher 14. BIRTHPLACE (city or town) Fullica Co (Stete or country)	Name of operation
15. MAIDEN NAME Famile Wiltofen 16. BIRTHPLACE (city or town) Fredrick (State or country)	23. If death was due to external causes (VIOL ENCE) fill in alse the lollowing:
16. BIRTHPLACE (city or town) Treduction (Stata or country)	Accident, suicida, or homicide?
17. INFORMANT Shas. Furthering (Addrass) Fulling Miles	Whare did injury occur?(Specify city or town, county and State) Spacify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Frederick Med pate May 25, 1931	Menner of Injury
19. UNDERTAKER la E Chine + Gon (Address) Fredrick med	Nature of injury 24. Was disease or injury in any way releted to occupation of deceased?
20. FILED 23-aug, 131 I from the Restition	(Signad) M. J. Algerial M. (Address) Francisco M. (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example(I)		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis TRALL	1921	Run over by street car	1 week-ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



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	RMA	XA	class	
	PE	d E	erly	cate.
	IS V	state	prop	TION is very important. See instructions on back of certificate.
	HIS	pe	he	of c
		pluo	may	back
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	ING	VC	so th	tions
	FAD	lied.	ms, s	struc
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	TE	n sho	SE O	is v
	WRI	natio	AUS	NOL
	B.	II.)	
		B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

	rederick		- Alam me	COLDINATE OF	Registratio	n Dist. No. / 2	/ =
	Frederick	death occurred	(lf	Nodeath occurred in a hospital or institu			
	E Franklin	Pierce Wh	ite.	St., Ward.		nt give city or town a	
PERSONA	L AND STATIST	TICAL PARTI	CULARS	MEDICAL C	ERTIFICAT	E OF DEATH	
male	4. COLOR OR RACE White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	May (Month)	29th.,	1, 193 (Year)
5a. If married, widowed HUSBAND of (or) WIFE of		L			, 19 31, to	FY. That I attende	. , 1931
6. DATE OF BIRTH (m 7. AGE Years 78 8. Trade, professi	Months 6	Nov. 15 J	If LESS than I day, hrs. or min.	to have occurred on the data state The PRINCIPAL CAUSE OF DEAT were as follows:	ed above, at . 1 • TH and related ca	15A.em. uses of impartance	Date of onse
kind of wor SAWYER, B 9. tndustry or bu work was d SAW MILL, 10. Dato deceased	k dona, as SPINNER, OOKKEEPER, etc	ment Mill	me (years) nt in this Ipation	Cerebral He			\$\frac{1}{2} \sqrt{27-3}
12. BIRTHPLACE (city (State or countr		and		Other Cambributory Causes of impo			, 0
13. NAME JAT 14. BIRTHPLACE (C) (Stata or co	city or town)	ryland		Name of operation		Date of	
15. MAIDEN NAME 16. BIRTHPLACE (C) (State or c)	city or town)			23. If death was due to external cat Accident, suicida, or homicide? Where did injury occur?	uses (VIOL ENCE)	fill in also the followi	ing:
(Address)]	s. Kate Whit Frederick, M N, OR REMOVAL isville, Va.	ld.	3131	Specify whether injury occurred i	(Specify city n tNDUSTRY, in	or town, county and Si HOME, or in PUBLIC F	tate) PLACE,
19. UNDERTAKER F	R. Etchisorederick, Ma	on & Son.	Pull	24. Was disease or injury in any w If so, specify (Signed)	vay related to occ	upation of deceased?	M.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Comband homographics	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEM	ENTS BY	PHYSICIAN
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V S. No. 1

	STATE C	OF MAR'	YLAND-	CERTIFICAT	E OF DEAT	H = 05	302
1. PLACE OF	DEATH			82-6	9	10/	
CountyFr		(((()(())-	Within the	Carperate mudic	Registration Dist	t. No.	
Village or City	Frederick			No. death occurred in a hospital or	institution give its NAME inc	St.,	Ward
Length of residen	ce in city or town where	death occurred	***	ds. How long in U.			
2. FULL NAMI	E Samuel	Charles W	Tilson				
(a) Residence:	27.4 G	. Carroll		St. Ward.			
		(Usual place		N STATE OF THE STA	If nonresident give		1 State
	L AND STATIST				L CERTIFICATE O	FDEATH	
3. SEX 4	COLOR OR RACE	5. SINGLE, MAR OR DIVORCE Married	RIED, WIDOWED, D (write the word)	21. DATE OF DEAT	May	(Day)8	, 193 1 (Year)
5a. If married, widowed.		i intil 100			(WORLE)	(Day)	(1641)
HUSBAND of (or) WIFE of	Harriett	Marion Wi	lson		BY CERTIFY,		deceased from
6. DATE OF BIRTH (mo	nth day and year)	18	78	I last saw II alive o	- Gt		1; death is said
7. AGE Years	Months	Days	If LESS than	to liave occurred on the date	stated ebove, at 5;50	R.M.	
53	?	?	1 day,hrs.	The PRINCIPAL CAUSE OF were es follows:	DEATH and related causes o	f importance	Date of onset
8. Trade, professio	done, as SPINNER.	Laborer		Ma	· D	777	2 /
kind of worl SAWYER, BO	OKKEEPER, etc.	2000101		Thompsond	equio ref	1	10 P
work was do	ne, as SILK MILL, BANK, etc						
	ast worked at on (month and	spa	ime (years) nt in this upation				
year)		0076	apation	Other Contributory Causes o	f importance:	011-11	
12. BIRTHPLACE (city o (State or country		Md.		Call	a donas	-d	6mo.
	Samuel C.			acces	auco -		7
13. NAME H 14. BIRTHPLACE (c		Md.		Name of operation		Date of	
(State or co	,				sis?		autopsy?
15. MAIDEN NAME	Susan Sti	mmell .		23. If death was due to extern	nal causes (VIOLENCE) fill in	also the following	ng:
15. MAIDEN NAME	ity or town)	Md.		Accident, suicide, or homicid	de? Date	e of injury	, 19
₹ (State or co				Where did injury occur?		16.	**
17. INFORMANT A	rs Harriett Frederic		on	Specify whether injury occur	(Specify city or tow rred in INDUSTRY, in HOME	, or in PUBLIC PI	LACE.
18. BURIAL, CREMATIO				Manner of injury			
PlaceMt Ol i	ivet Cem, Fr	edby May	11,, 19. 31	Nature of injury			
19. UNDERTAKERM	. R . Etchis	on & Son Frederic	ok Md.	24. Was disease or injury in	any way related to occupatio	n of deceased?	20
20. FILED / I luc	24, 10 3 1 doa	me	Quely Registar.	(Signed) (Address)	Traderio	k, m	M. D
Time the second	If mode	blanks are needed,	address State Registrar,		ore, Requesting V. S. No. 1.	1	-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	O	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. B. D. Thomas

	PLACE OF DEATH	115903	STATE OF M	IADVI AND
	County Frederick	(20)		
	County / Care Land	(53)	CERTIFICATE	191 -
		m 11 11	Registration D	ist. No. / 62/
	Village or City Preclocato (No. Frederick	Cely Hobets	28.: Ward)	(If death occurred in
\	Ph 10:		To all all all all all all all all all al	a hospital or institution, give its NAME is
1	2FULL NAME / Se llega U	heoliete	en	stead of street and number.)
,		1/1	7	
5	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL	ERTIFICATE O	F DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED MAN, MIDOWED MAN,	16 DATE OF DEATH	Mr.	27 , 1921
	A OR DIVORCED (Write the word)	***************************************	- cary	
2	6 DATE OF BIRTH	17 4 I HEREBY T	ERITY That Latte	(Day) (Year) nded the deceased from
	Lunauch 7 1880	May 20	1927/ to M	my 27 . 193/
	(Month) (Day) (Year)	that I last saw h	alive on ma	-/27 1927
	7 AGE (IfLESS than	and that death occurred	d on the data stated	21
3	l dayhrs.	The CAUSE OF DEATH		toeve, at
2	yrs,mos,Ods. or min.?			
1	8 OCCUPATION (a) Trade, profession or	Carcino	ca The	Ihrance
	particular kind of work Houseufe	Metho	white his	1./2.2.
	(b) General nature of industry business, or establishment in	The state of the s	officer	
,	which employed or (employer)	to the	extruction)	yrs mos ds.
2	9 BIRTHPLACE (State or country)	Contributory Secondary	·····/ /	· · · · · · · · · · · · · · · · · · ·
	V		(Duration)	mosdu
	10 NAME OF FATHER	(Signed) . C	Sustin	Jeans M.D.
,	11 BIRTHPLAGE	/hdy 27 19231	(Address) Trus	denier Md
	of FATHER	State the Disc	so Causing Death.	or, in deaths from
	m .	Violent Causes, state Accidental, Suicidal or	(1) Means of Inju Homicidal.	ry and (2) Whether
	of Mother Sarah Rook	18 LENGTH OF RESI		ls, Institutions, Trans-
	13 BIRTHPLACE	ients or Recent Resid	lents)	01.
	OF MOTHER (State or country) walland.	of deathyrsmos.	7ds. State.	Life mos de
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contract if not at place of death?		
	8 1 +1	Former or usual residence	was to	mod
	(latomant) Comory Brookskey	19 PLACE OF BURIAL	OR REMOVAL	DATE OF BURIAL
	(Address thuman	200 R.O.	170	ma. 79 31
		20 UNDERTAKER	Jammonh	ADDOFESS
	15 Filed 27- way 198 Doay McCurly	mza)	0	The
		" edage	1 oun 1	ha
	If more blanks are needed, address tate Registrar	, 16 W. Saratoga St., Ba	ito., Kequesting V. S.	no. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. cupation is very important, so that the relative healthtired 6 yrs. er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servan, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Physician, Compositor, Architect, Foreman, (b) Automobile factory. The For many occupations a single word or term on Or Farm laborer, At without more precise specification as Day Home, and children, For persons who have no occupation Laborer--Coal minc, etc. Locomotive engineer, not gainfully em-Wom-

Statement of Cause of Death—Name, first, the Disease it with the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles approved (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine defluitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) taken. Examples: Accidental drowning; Struck by railwoy train peritonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, by Committee on Nomenclature cough; Chronic valvular heart disease "Senile," etc.), "Dropsy," failure," "Haemorrhage," etc. The " "Convulsions, contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING FOR RESERVED MARGIN

No.

should PHYSICIANS statement PERMANEN S THIS may should that supplied. plain be carefully DEATH plnods OF WRITE

OCCUPA 1. PLACE OF DEATH Registration Dist. No. County Village or City. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. mos. ____ds. How long In U.S. if of foreign birth? _____ vrs. ____mos. ____ds. 2. FULL NAME (a) Residence: No. Ward (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (writethe word) arrie 5a. If married, widowed, or divorced HUSBAND of ERTIFY. That I attended deceased from (or) WIFE of 193 / ertificate. 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, et 6 30 Pm. 7. AGE Months Days 1 day hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which bacl work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Dete deceased last worked et 11. Total time (years) this occupation (month and spent in this occupation ... instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State er country FATHER 13. NAME Name of operation__ 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis? ----- Was there an eulopsy? Tex MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19. 16. BIRTHPLACE (city or town) (State or county Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OF REMOVAL Manner of Injury 23 19.31 CAUSE mation NOIL Nature of injury.... 24. Was disease or injury in any wey related to occupation of deceased? 19 UNDERTAKER (Address) If so, specify (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis 5 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	M1 1000	Other contributory causes of importance: Gastroenteritis	
Tituotineo	May 1,1923	Gastroenteruts .	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1590)
1. PLACE OF DEATH	CORPORATE LIMITE
County Trederick	Registration Dist. No. [2]
Village or City Trederick	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrs,mosds.
2. FULL NAME Namine 6. Wis	11
	St. Ward net Crawford Va
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give car or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5e. If married, wildowed, or divorced	
(Q) WIFE of Harry W. Wissler	22. HERERY CERTIFY That I ettended deceesed from
1 2 - 6- 161 15	193/ to / tay / 193/
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	flast sew harmonia alive on 12 P , 199/ ; death is said
65 20 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or perticular	were as follows:
sind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	My cardio lahar 11.
	and the same
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	Chrone Mital Ale II.
O 10. Dete deceased last worked at this occupation (month and spent in this	The state of the s
year) occupetion	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Treduce Heislei	
4. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	Whet test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NAME Dorothea Theles 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Have or. Wissley (Address) Mit. Crawford of	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL	Manner of Injury
Place fut other line Dete May 7 -, 19 31	Nature of Injury
19. UNDERTAKER 6. E. loline & Long	24. Was diseese or injury in eny wey releted to occupetion of deceased? No
(Address) Frederick Med.	If so, specify
20. FILED 9 Lucy 1931 Da mckindly	(Signed) A. Austin Class J. M. D.
Registrat	(Address) Trederice M.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of of importance were as:	death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUN 4 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri Cerebral hemorrhage	lis ,	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU VS	July 5,1927	Peritonitis	3 days ago
		R.A.		
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones	•• •	May 1,1923	Gastroentcritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH STATE OF MARYLAND Within the Garmerale fruits CERTIFICATE OF DEATH 0. XACTLY, F Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME in-stead of street and number.) propor PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. MAN back OR DIVORCED may (Write the word) (Month)(Day).... 6 DATE OF BIRTH 1 HEREBY CERTIFY, That I attended the deceased from nstructions that (Month) (Day) (Year) 7 AGE IlfLESS than 0 and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: ds. or min.? term OCCUPATION 99 9ul (a) Trade, profession or CS particular kind of work in pia important, (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) CF DE 10 NAME OF FATHER O 0) ... 192/_ (Address) 11 BIRTHPLACE OF FATHER HZ SO State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether 20 (State or country) Ш ATI Accidental. Suicidal or Homicidal. 0: 12 MAIDEN NAME OF MOTHER 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-On. ients or Recent Residents) etote CCU, 13 BIRTHPLACE At place In the OF MOTHER of death ______mos.____mos.____ State (State or Country) Ö O Where was disesse contracted, shoul if not at place of dea.h?. Every item CIANS sho usual res.dence DATE OF BURIAL ADDRESS If more banks are needed, addre s Ltat Negistrar, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1

(Approved by U. S. Census and American Fublic Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womtion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, whatever, write None. to report Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, specifically the occupations of persons enwho are engaged in the duties of the (b) For persons who have no occupation Automobile factory. The Locomotive engineer, (b) Grocery; material

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrophologieur (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopacumonia ("Pneumonia");

American Medical Association.) approved by Committee on Nomenclature "Debility" ("Congenital," "Senile," etc.), "Dropsy," ('E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid Chronic Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Ċ,

	05907
1 PLACE OF DEATH	STATE OF MARYLAND
Dow derick	CERTIFICATE OF DEATH
County	Registration Dist. No. 137
Village or City Union Bliner a. Wo	St.; Ward) (If death occurre a hospital or institution, give its NAM) stead of street
2 FULL NAME GUNER W. W.	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH MANY (W) nth) (Day) (Y) 17 HEREBY CERTIFY, That I attended the deceased
6 DATE OF BIRTH Oct 26 1862	that I last saw him, alive on May 24
(Month) (Day) (Year) 7 AGE	and that death occurred on the date stated above, at 6 F
68.yrs. 6mos. 28ds. or min. ?	The exist of DEATH Twee as follows The further
(a) Trade, profession or	
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration) yrsmos
which employed or (employer)	Contributory Owoul Owkocording Secondary (Duration)
10 NAME OF FATHER S 14 Lalle	(Signed) A Baux
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	Way 20 19 (Address)
12 MAIDEN NAME OF MOTHER SUSAN Hairls	A cidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tents, or Recent Revidents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos da. State,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Antormany Farah a-Wolfe	Former or usual residence.
(Address) Union Bridge Jul	19 PLACE OF BURIAL OR REMOVAL TE OF BURIAL
Filed May 25 1931 Wollinghered	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it business, that fact may be indicated thus: Furmer Trostate occupation at beginning of Illness. If retired from gaged in domestic service for wages, as Servant, Caok, ployed, as At school or At home. Care should be taken definite salary), may be entered a Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an cupation is very important, so that the relative healthwhatever, write None. tired 6 yes.). For persons who have no occupation or given up on account of the Disease Causing Death, Housemail, etc. If the occupation has been thinged to report specifically the occupations of persons en-(a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Furmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day -Coal minc, etc. Wom-

Statement of Cause of Death—Name, first, the bisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Dobar pneumonia, Bronchopneumonia ("Pneumonia,")

and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal use of "Tumor" for malignant neoplasms); Measles; ment of cause of death approved by Committee on head of "contributory." (R-commendations on statequenees (e.g., sepsis, tetanus) may be stated under the Poisoned by curbolic a rid-probably swieide. The natrain—accident; Revol er wound of head—homicide; Examples: as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS STATE MEANS OF INJUBY State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. "Uraemia," "Weaknes." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shoek," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) vulsions," "Debility" (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; of the injury, as fracture of skull, and conseperitonacum, etc., Carcinoma, Surcoma, etc., of Accidental drowning; Struck by railway ("Congenital," "Senile," etc.), Example: Mcastes (disease Always qualify all (merely (second-

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of OCCUPA-

Exact statement

certificate.

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STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	101-0
County Frederick	Registration Dist. No. 4/3/-
Villoge or City Freederick	11 - 11.1
	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long to U.S. it of loreign birth?yrsmosds.
2. FULL NAME Sarah Workman	
(a) Residence: No.//2. G. Columch	St Z Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIEO, WIOOWEO, OR OLYORCED (write the word)	21. DATE OF DEATH Mage 14
Temale White Harried	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Workman (?)	22. A I HEREBY CERTIFY That I attended deceased from
6. OATE OF BIRTH (month, day, and year) UNE 11 DUN	I last saw h de elive on My 6 19 death is said
7. AGE Years Months Days 11 LESS than	to have occurred on the date stated above, at 4-4-3-71
1 day,	The PRINCIPAL CAUSE OF OEATH and related causes of Importance
8. Trede, protession, or particular kind of work done, as SPINNER, Sawyer, BOOKKEEPER, etc.	Date of onset
9. Industry or business in which work was done, as SILK MILL, Powate Francisco SAW MILL, BANK, etc.	
10. Oate deceased last worked at this occupation (month and 1934) 11. Total time (years) (9) spant in this occupation (cupation)	Vormelied (necessaria. 2 des
12. BIRTHPLACE (city or town) Frederich (State or country) Manual	Other Contributory Causes of Importance:
13. NAME Show Smith (9) 14. BIRTHPLACE (city or town) Freederich 600	
14. BIRTHPLACE (city or town) Frederich 60	Neme of operation
(State or country) Maryland	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Saral Brown (9)	23. If death was due to external ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Frederich Go (State or country) Manual Country	Accident, suicide, or homicide? Date of injury, 19
11 1 10 10	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT A. G. Hayrand Journg. (Address)/2. G. Lahurch &	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner ol Injury
Place Met Olivet Generale May 19, 1931	Nature of injury
19. UNDERTAKER Thursas F. Rice	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Fraderick Mad	If so, specify
20. FILEO It levay , 193 / tra mcCuly Registrar.	(Signed) M. O. (Address) M. O.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:	S Date of onset	The principal cause of importance were a	of death and related causes follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	TEST Y MILE	I week ago
Chronic interstitial nephritis	1921	Run over by street car		I week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	SECEINED	3 days ago
				!
Contributory causes of importance:		Other contributory ca	uses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Br. Stucker

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Example CEIV	EU	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis RUREAU	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

PLACE OF DEATH		0591	STATE OF	MARYLAND
County Frederick	Special .	R Use 87-a	CERTIFICATE	OF DEATH
Village or City Frederick (No. (No. 2)		ity Hospital	Registration St.: Ward	(If death occurred i
PERSONAL AND STATISTICAL PARTIC	ULARS	MED	ICAL OERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCE (Write the wor	marcied	16 DATE OF DEAT	H May	(Day) (Year)
6 DATE OF BIRTH Oct . 24, (Month) (Day)	8 91	Afril,	BY CARTIEY, That I av	anded the deceased from
7 AGE 39 yrs. 6 mos. 24 d	If LESS than I day hrs.	and that death occ	curred on the date states	. 15
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Maryland		Contributory	Dani also	Culture / d
10 NAME OF Joshua E. Zimmerman		(Signed) . C	latin Tee	err M.
OF FATHER Md.		Violent Causes,	Disease Causing Death, state (1) Means of In	or, in deaths from njury and (2) Whether
of Mother Maggie R. Shuff.			RESIDENCE (For Hospi	tals, Institutions, Tran
13 BIRTHPLACE OF MOTHER (State or country)		ients or Recent At place of deathyrs Where was disease c	mosds. In the	Life mos d
(Informant) Mrs. E. J. Zimmerman.	LEDGE	if not at place of d	lea.h?	
(Address) Frederick, Md. R. D		Mt. Olivet	Cem., Frederick	May. 12, 19 3
15 Filed 11-luay 1921 Draf me	audy Registral	M. R. Etch		Frederick, Md
If mora banks are needed, address	Ltate Kegistrar	r, 16 W. Saratoga St	., Balto., Requesting V.	S. No. 1.

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as fracture of skull, and consequences (e. g., sepsis, uccident; Revolver wound of head-homicide; Poisoned by tctanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculasis of lungs, men-American Medical Association.) approved by Committee on and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary Whooping cough; (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railwoy train-"Atrophy." "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condiinterstitial nephritis, " "Marasmus," "Old Age, or intercurrent) affection need not be Chronic valvular heart disease; etc. The Nomenclature contributory etc., o

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